



Passenger Locator Form

For the protection of your health from COVID-19, you will be asked to fill out this form. It is important to fill in all the fields of the form accurately. The information and your personal data will remain confidential and will be processed for public interest purposes and the protection of public health from COVID-19. Thank you for helping us to protect your health.

One form should be completed by each adult member of each family.

FLIGHT INFORMATION:

1. Airline Name

2. Flight Number

3. Seat Number (if available)

4. Country
of Departure

5. Departure Date
Country of Origin

6. Departure time
Country of Origin

7. Departure date from Cyprus
(if available)

8. If departure date from Cyprus is not available, please state the length of your intended stay in Cyprus:

Less than 12 months 12 months or more Permanent resident of Cyprus returning from a trip abroad

Personal Information:

9. Last (Family) Name

10. First (Given) Name

11. Middle Initial
(if available)

12. Year of Birth

13. ID /Passport No

14. Country of Birth

15. Nationality

16. Gender

Male Female Other

Contact Details :

Where you can be reached if needed. (Include country code and city code):

17. Mobile

18. Other (if available)

19. E-mail Address

Permanent Address:

20. Number and Street (Separate number and street with blank box)

21. Apartment Number
(if available)

22. City

23. State / Province

24. Country

25. ZIP / Postal Code

Temporary/Permanent Address in the Republic of Cyprus:

26. Hotel Name (if any)

27. Number and Street (Separate number and street with blank box)

28. Apartment Number (if available)

29. City

30. State / Province

31. ZIP / Postal Code

Emergency Contact Information:

(Of someone who can reach you during the next 30 days)

32. Last (Family) Name

33. First (Given) Name

34. City

35. Country

36. E- mail Address

37. Mobile Phone

38. Other Phone (if available)

39. Travel Companions – Family:

You have to complete only if travel companions/family are under 18 years

Last (Family) Name

First (Given) Name

ID / Passport Number

1)

Seat Number (if available)

Age <18

Gender

Male

Female

Last (Family) Name

First (Given) Name

ID / Passport Number

2)

Seat Number (if available)

Age <18

Gender

Male

Female

Last (Family) Name

First (Given) Name

ID / Passport Number

3)

Seat Number (if available)

Age <18

Gender

Male

Female

Last (Family) Name

First (Given) Name

ID / Passport Number

4)

Seat Number (if available)

Age <18

Gender

Male

Female

40. Purpose of Travel

For non-residents of Cyprus:

Please state the purpose of your visit in Cyprus:

Holidays

Business

Visiting friends
& relatives

Settlement in Cyprus
for one year or more

Other

For residents of Cyprus returning or studying abroad:

Please state the purpose of your visit abroad:

Holidays

Business

Visiting friends
& relatives

Studies

Other

Please state the country of your visit/study:

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What was the length of your stay abroad?

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 days

41. Passenger Category

If you belong to at least one of the following Passenger Categories, who have been granted the option of having the COVID -19 test performed upon entry to the Republic of Cyprus, please tick the relevant box:

1. Cypriot citizens in the Republic of Cyprus and their family members
2. Persons legally living in the Republic of Cyprus
3. Persons allowed to enter under the Vienna Convention¹
4. Persons, regardless of nationality, having special permission the Republic of Cyprus,
5. Persons, in country categories A and B, where the authorities of these countries, duly substantiated and following an announcement by the Ministry of Health, are not in a position to offer Covid-19 testing to those wishing to travel to Cyprus.

If you have ticked one of the boxes above, will you perform the Covid-19 test upon your entry to the Republic of Cyprus, paying for the laboratory test for COVID-19 disease, whenever is required, as well as the costs including transportation that may arise, in case you are required to stay in a place indicated by the Republic of Cyprus?

YES NO

I hereby declare that all the information given above by me, including my travel companions/family (if any) under 18, is true. I am aware that if any of the information given by me, including my travel companions/family (if any) under 18, are willfully false, I am subject to punishment.

¹ Vienna Convention on Diplomatic Relations of 1961, Vienna Convention on Consular Relations of 1963



REPUBLIC OF CYPRUS

SOLEMN DECLARATIONS

Second phase
(20/06/2020)

Please tick the relevant box:

	YES	NO
Are you travelling from Category A Country?	<input type="checkbox"/>	<input type="checkbox"/>
Are you travelling from Category B Country?	<input type="checkbox"/>	<input type="checkbox"/>
Are you travelling from Category C Country?	<input type="checkbox"/>	<input type="checkbox"/>

1. If you are travelling to the Republic of Cyprus from Category A, please declare the Country.....and complete the following Declaration:

I..... DO SOLEMNLY AND SINCERELY DECLARE that:

- I consent for possible COVID-19 testing, if requested, upon arrival to the Republic of Cyprus.
- I am fully aware of the risks, dangers and hazards connected to my flight and stay in the Republic of Cyprus, due to the Covid-19 disease. I assume and accept full responsibility for any risks of loss, harm, property damage or bodily injury, including death of me, including my travel companions/family members (if any) under 18 and I agree to hold harmless the Republic of Cyprus and/or its authorized officers and/or any kind of businesses from any loss, liability, damages or costs that they may incur due my travel and stay to the Republic of Cyprus, as a result to COVID-19 and/or for any inconvenience I will be suffered, including my travel companions/family members (if any) under 18, due to any precautionary measures applied during my trip and my stay in the Republic of Cyprus, for the purposes of protection of public health against COVID -19.It is my express intent that this waiver of Liability and Hold Harmless of the Republic of Cyprus and/or its authorized officers and/or any kind of businesses, made by me including my travel companions/family members (if any) under 18, shall bind the members of my family and spouse and my heirs, assigns and personal representative.
- Following my return to my country of permanent residence, or to the country to which I return following the completion of my trip to the Republic of Cyprus, I shall inform the Medical Services of the Republic of Cyprus, whether I have developed symptoms of Covid-19, within 14 days following my departure from the Republic of Cyprus (e-mail address for correspondence monada@mphs.moh.gov.cy)
- I have not had any of the following symptoms such as fever, cough, sore throat, runny nose, sudden shortness of breath or diarrhea, nausea, vomiting, myalgia, within the last 14 days or I have not been in

direct contact with a confirmed or suspected COVID-19 patient within the last 14 days or I have not entered in any healthcare facility or confinement facility used for the treatment or quarantine of COVID-19 confirmed or suspected persons within the last 14 days.

- I have not stayed/lived or travelled abroad within the past 14 days or I am not a passenger on an international flight who have travelled to/from country(ies) of Category B or Category C within the past 14 days, based on the announcement of the Republic of Cyprus concerning the categorization of Countries².

I make this SOLEMN DECLARATION conscientiously and I hereby declare that the information given here is true. I am aware that if any of the foregoing declarations made by me, including my travel companions/family members (if any) under 18, are willfully false, I am subject to punishment.

Date of Declaration:

Name (BLOCK CAPITALS):

National Identification Number:

Passport Number:

Tel Number:

Permanent address:

Signature:

² Passengers who travel from Category A Countries but they have stayed/lived or travelled abroad within the last 14 days or that they have been passengers on an international flight to/from a country from Category B or C, accordingly within the last 14 days are considered as travelers from Category B or C Countries. All the requirements for Category B or C Countries have to be satisfied. Consequently, depending of the case, Declarations for Category B or C Countries have to be completed.

2. If you are travelling to the Republic of Cyprus from Category B or you have stayed/lived or travelled abroad within the past 14 days or you are a passenger on an international flight who have travelled to/from country(ies) of Category B within the past 14 days, please declare the Country.....and complete the following Declaration:

I..... DO SOLEMNLY AND SINCERELY DECLARE that:

- I consent for possible COVID-19 testing, if requested, upon arrival to the Republic of Cyprus.
- I am fully aware of the risks, dangers and hazards connected to my flight and stay in the Republic of Cyprus, due to the Covid-19 disease. I assume and accept full responsibility for any risks of loss, harm, property damage or bodily injury, including death of me, including my travel companions/family members under 18 and I agree to hold harmless the Republic of Cyprus and/or its authorized officers and/or any kind of businesses from any loss, liability, damages or costs that they may incur due my travel and stay to the Republic of Cyprus, as a result to COVID-19 and/or for any inconvenience I will be suffered, including my travel companions/family members under 18, due to any precautionary measures applied during my trip and my stay in the Republic of Cyprus, for the purposes of protection of public health against COVID -19.It is my express intent that this waiver of Liability and Hold Harmless of the Republic of Cyprus and/or its authorized officers and/or any kind of businesses, made by me including my travel companions/family members (if any) under 18, shall bind the members of my family and spouse and my heirs, assigns and personal representative.
- Following my return to my country of permanent residence, or to the country to which I return following the completion of my trip to the Republic of Cyprus, I shall inform the Medical Services of the Republic of Cyprus, whether I have developed symptoms of Covid-19, within 14 days following my departure from the Republic of Cyprus (e-mail address for correspondence monada@mphs.moh.gov.cy)
- I have not stayed/lived or travelled abroad within the past 14 days or I am not a passenger on an international flight who have travelled to/from country(ies) of Category C within the past 14 days, based on the announcement of the Republic of Cyprus concerning the categorization of Countries³.
- I have not had any of the following symptoms – such as fever, cough, sore throat, runny nose, sudden shortness of breath or diarrhea, nausea, vomiting, myalgia, within the last 14 days or I have not been in direct contact with a confirmed or suspected COVID-19 patient within the last 14 days or I have not entered in any healthcare facility or confinement facility used for the treatment or quarantine of COVID-19 confirmed or suspected persons within the last 14 days.

I make this SOLEMN DECLARATION conscientiously and I hereby declare that the information given here is true. I am aware that if any of the foregoing declarations made by me, including my travel companions/family members (if any) under 18, are willfully false, I am subject to punishment.

Date of Declaration:

Name (BLOCK CAPITALS):

National Identification Number:

Passport Number:

Tel Number:

Permanent address:

Signature:

³ Passengers who travel from Category B Countries but they have stayed/lived or travelled abroad within the last 14 days or that they have been passengers on an international flight to/from a country from Category C within the last 14 days are considered as travelers from Category C Countries. All the requirements for Category C Countries have to be satisfied. Consequently, Declaration of Category C Countries has to be completed.

3. If you are travelling to the Republic of Cyprus from Category C Country or you have stayed/lived or travelled abroad within the past 14 days or you are a passenger on an international flight who have travelled to/from country(ies) of Category C within the past 14 days, please declare the Countryand complete the following Declaration:

I..... DO SOLEMNLY AND SINCERELY DECLARE that:

- I consent for possible COVID-19 testing, if requested, upon arrival to the Republic of Cyprus.
- I am fully aware of the risks, dangers and hazards connected to my flight and stay in the Republic of Cyprus, due to the Covid-2019 disease. I assume and accept full responsibility for any risks of loss, harm, property damage or bodily injury, including death of me, including my travel companions/family members under 18 and I agree to hold harmless the Republic of Cyprus and/or its authorized officers and/or any kind of businesses from any loss, liability, damages or costs that they may incur due my travel and stay to the Republic of Cyprus, as a result to COVID-19 and/or for any inconvenience i will be suffered, including my travel companions/family members under 18, due to any precautionary measures applied during my trip and my stay in the Republic of Cyprus, for the purposes of protection of public health against COVID -2019.It is my express intent that this waiver of Liability and Hold Harmless of the Republic of Cyprus and/or its authorized officers and/or any kind of businesses, made by me including my travel companions/family members (if any) under 18, shall bind the members of my family and spouse and my heirs, assigns and personal representative.
- Following my return to my country of permanent residence, or to the country to which I return following the completion of my trip to the Republic of Cyprus, I shall inform the Medical Services of the Republic of Cyprus, whether I have developed symptoms of Covid-19, within 14 days following my departure from the Republic of Cyprus (e-mail address for correspondence monada@mphs.moh.gov.cy)
- I have not had any of the following symptoms – such as fever, cough, sore throat, runny nose, sudden shortness of breath or diarrhea, nausea, vomiting, myalgia, within the last 14 days or I have not been in direct contact with a confirmed or suspected COVID-19 patient within the last 14 days or I have not entered in any healthcare facility or confinement facility used for the treatment or quarantine of COVID-19 confirmed or suspected persons within the last 14 days.

I make this SOLEMN DECLARATION conscientiously and I hereby declare that the information given here is true. I am aware that if any of the foregoing declarations made by me, including my travel companions/family members (if any) under 18 are willfully false, I am subject to punishment.

Date of Declaration:

Name (BLOCK CAPITALS):

National Identification Number:

Passport Number:

Tel Number:

Permanent address:

Signature: