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PASSENGER INFORMATION FORM

NAME/LAST NAME		
PASSPORT NUMBER		
PHONE NUMBER OF THE PERSON WHO CAN BE REACHED TO CONTACT WITH YOU		
PHONE NUMBER		
FLIGHT NUMBER	**SEAT NUMBER:**	**DATE :**
ADDRESS IN TURKEY OR DESTINATION		

If you have one or more of the symptoms below, please tick them.

☐ **High Fever** ☐ **Cough** ☐ **Sore throat** ☐ **Shortness of breath**

The countries you have been in the last 14 days:……..

Have you had close contact with a patient who was suspected with COVID-19?
☐ **Yes** ☐ **No** ☐ **Unknown**

The information I declare is correct and belongs to me.

Declaration Date: …./…./ 2020 **Signature**

Note: If it is understood that the information provided on the form is incorrect, legal remedies will be taken against the person who filled out the form.