

## Declaration Form

I understand that I shall **not go to the airport**, if any of the following applies:

If I have been diagnosed with COVID-19 at any time during the 14 days prior to my flight.

If I have had any of the COVID-19 relevant symptoms (fever; newly developed cough; loss of taste or smell; shortness of breath) at any time during the 8 days prior to my flight.

If I am aware of having been in close contact (e.g. less than 2 metres for more than 15 minutes) with a person who was diagnosed with COVID-19 in the 14 days prior to my flight.

If I am required by local or national regulations to be in quarantine for reasons related to COVID19 for a period that includes the date of the flight.

In case any of the above situations applies, I shall contact Malta MedAir at the latest 24 hours before the flight. I understand that if any of the above 4 situations is identified at the airport, I may be refused to proceed with my travel and lose my right to benefit from any COVID-19 commercial policy put in place by Malta MedAir.

I have read and understood the COVID-19 policy of Malta MedAir

Signature: \_\_\_\_\_

Name & Surname: \_\_\_\_\_