federal public service
HEALTH, FOOD CHAIN SAFETY AND ENVIRONMENT

Public Health Passenger Locator Form

Thank you for helping us to protect your health!

Fill in all data and print this form before boarding. Failing to do so may result in refusal of boarding.

Upon arrival, the form should be given to a border officer at your point of entry.

Providing false, misleading or incomplete information may result in refusal of entry at the border and immediate return can be imposed.

With this form you consent to the health requirements provided by the Belgian authorities. Failure to comply may result in being held liable in civil as well as in criminal penalties.

With this form you consent to stay in quarantine for 14 days upon arrival in Belgium at the address provided below.

Instructions

- This form has to be completed by all passengers arriving to Belgium following a stay in a third country outside the European Union and the Schengen area, during the 14 days prior to arrival.
- Providing READABLE and full contact data is crucial.
- One form should be completed for each passenger aged 16 or older.
- Details of children under the age of 16 should be included on a form completed by an adult accompanying them.
- If any of the information you provide on this form changes in the next 14 days, you are required to send an email with your complete and updated information to the following email address: luchthaven.zaventem@health.fgov.be.
- Information regarding the COVID-19 health guidelines is available on www.info-coronavirus.be.

This form will enable public health officers to locate you in case you have been exposed to a serious communicable disease.
The information you provide may be used to contact you in the next 14 days for the purposes of verifying the details given on this form. This form may also be used for the purposes of contact tracing in relation to confirmed or suspected cases of Covid-19.
Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

Place: Date:

(E-)Signature :

I HAVE TAKEN NOTICE OF THE INFORMATION PROVIDED ON THIS FORM AND HAVE MADE A THRUTHFUL DECLARATION.

Flight N° (ex: SN 2719) | Seat OCCUPIED during the flight | Arrival date (dd / mm / yyyy)

Family Name | First Name

Mobile | Home or Office

e-mail address

Address during the 14-day quarantine in Belgium.
(home, hotel, friends, relatives): street, number, apart. n°

City | State/Province | Zip/postal code

Country

children under 18 years old ? Y N

		seat N°	age (1-18)?
S	S	S	S
S	S	S	S
S	S	S	S
S	S	S	S

Connecting flight ? Y N

Flight N° (ex: XX2719) | Seat number | Arrival date (dd / mm / yyyy

Data Protection

- The Federal Public Service Health, Food Chain Safety and Environment, Public Health Authority (PHA), is the data controller for the information provided on this form.
- The information provided on this form, may be used for the following purposes:
  - To contact you to verify this information on this form in the 14 days following your arrival;
  - This form may also be used for the purposes of contact tracing in relation to confirmed or suspected cases of Covid-19.
- Personal data contained in this form may be collected and processed by the following:
  - the Federal Public Service Health, Food Chain Safety and Environment;
  - Border Control;
  - the Regional Health Authorities, in case of contact tracing.

  This form and any copies of it, will be destroyed 28 days after your arrival.