PASSENGER LOCATOR CARD

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Due to Coronavirus SARS-CoV-2/COVID-19, special rules currently apply for persons travelling to Germany.
Since you are travelling from a high-risk area, you are required by German law to complete this arrival card in order to inform the relevant health authority of the location of your stay in Germany.
One form must be completed per person. Forms for minors or individuals in the care of another person must be completed and signed by the person responsible for them.
Please fill out the form in block capitals. For spaces, please leave an empty box.
The submission of incorrect information may be prosecuted as an administrative offence, punishable with a fine of up to 25,000 euros.

TRAVEL INFORMATION: 1. Name of carrier

2. Route number

3. Seat number (if applicable)

4. Date of arrival (YYYY/MM/DD) 2 0

5. Place of departure (please enter city and country)

6. Via (please only complete if you have made a transfer during your journey)

PERSONAL INFORMATION: 7. Last name (surname)

8. First name(s)

9. Sex

Female ☐

Male ☐

Other ☐

10. NATIONALITY

11. Date of birth (YYYY/MM/DD)

TELEPHONE NUMBER(S) on which you can be contacted if necessary, including country code and area code:

12. Mobile phone

13. Work

14. Private

15. Email

HOME ADDRESS/ADDRESS WHERE YOU WILL BE STAYING IN GERMANY:

16. Hotel name (if applicable)

17. Street and house number (please leave an empty box between the street and house number)

18. Apartment number

19. City

20. State

21. Postcode

ADDRESS OF ANY FURTHER PLANNED STAYS WITHIN THE NEXT 14 DAYS:

22. Hotel name (if applicable)

23. Street and house number (please leave an empty box between the street and house number)

24. Apartment number

25. City

26. State

27. Postcode

28. DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS: FEVER; RECENTLY DEVELOPED COUGH; LOSS OF TASTE OR SMELL; SHORTNESS OF BREATH?

☐ No ☐ Yes

29. COMPLETED TEST FOR INFECTION WITH CORONAVIRUS SARS-CoV-2:
Did you test negative for a Coronavirus SARS-CoV-2 infection in the 48 hours before your arrival in Germany?

☐ No ☐ Yes

Country in which the test took place

Date of test (YYYY/MM/DD) 2 0

SIGNATURE, with which you guarantee that the information provided is accurate: