Travel Declaration Form

With reference to Legal Notice (LN) 244 of 2020 and LN 255 of 2020 of the Public Health Act (CAP. 465) of the Laws of Malta, certain travel will resume to and from specific countries as of the 1st of July. Such travel will be allowed only for persons who have been living for at least 14 days in any of the below listed countries. Travel from a country not included in the list is not permitted unless you have spent the previous 14 days in any of the countries listed below.

A list of the specific countries to/from which travel is allowed include: Malta, Germany, Austria, Italy (except for Emilia Romagna, Lombardy and Piemonte), France (except for Ile de France), Spain (except for Madrid, Catalonia, Castilla -La Mancha, Castile and Leon), Poland (except for Katowice Airport), Cyprus, Switzerland, Iceland, Slovakia, Norway, Denmark, Hungary, Finland, Ireland, Lithuania, Latvia, Estonia, Luxembourg, Czech Republic, Greece and Croatia.

Last (Family) Name:…….

First Name:……..

Passport Number:……..

Mobile telephone number (include prefix):……

Email address:……...

Permanent Address:……

……..

If you have not spent the last 14 days in any one of the countries included in the list above, kindly contact the airline staff at one of the check-in desks immediately.

I ……..hereby declare that I reside and/or have spent the last 14 days in one of the countries included in the list above in accordance with Legal Notice (LN) 244 of 2020 and LN 255 of 2020 of the Public Health Act (CAP. 465) of the Laws of Malta.

Please note that a false declaration on arrival is considered a criminal offence.

Signature…… Date……..

Office of the Superintendent of Public Health
Out-Patients Dept. Level 1, St Luke's Hospital Gwardamangia
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Information of any family members travelling with you who are under 16 years:

First Name:…… Last (Family) Name:…….

Passport Number:…….. Age:……

Permanent Address if different from above:…….

……..

First Name:…… Last (Family) Name:…….

Passport Number:…….. Age:……

Permanent Address if different from above:…….

……..

First Name:…… Last (Family) Name:…….

Passport Number:…….. Age:……

Permanent Address if different from above:…….

……..

If all the above mentioned family members have not spent the last 14 days in one of the countries included in the list above, kindly contact the airline staff at one of the check-in desks immediately.

I ……., on behalf of all the family members mentioned above, declare that they resided and/or have spent the last 14 days in one of the countries included in the list above in accordance with Legal Notice (LN) 244 of 2020 and LN 255 of 2020 of the Public Health Act (CAP. 465) of the Laws of Malta.

Please note that a false declaration on arrival is considered a criminal offence.

Signature…… Date……..

The personal data requested is being processed according to Article 27 (a) (i) of the Public Health Act, the General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018.

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