



## 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
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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.