**Karta Lokalizacji Pasażera:** W celu ochrony Twojego zdrowia, pracownicy służby zdrowia poproszą Cię o wypełnienie tego formularza jeśli istnieje podejrzenie wystąpienia choroby zakaźnej na pokładzie samolotu, którym leciałeś/łaś. Podanie poniższych informacji pozwoli pracownikom służby zdrowia na kontakt z Tobą jeśli doszło do narażenia na chorobę zakaźną. Bardzo ważne jest aby wypełnić ten formularz dokładnie i w całości. Twoje dane będą zabezpieczone zgodnie z ustawą o ochronie danych osobowych i użyte jedynie do ochrony zdrowia publicznego**. ~Dziękujemy, że pomagasz nam chronić Swoje zdrowie**

***Jedna karta powinna być wypełniona przez dorosłego członka rodziny. Drukowanymi literami. Pozostawiaj wolne pola jako przerwy.***

INFORMACJE O LOCIE: 1. Nazwa linii lotniczych 2. Nr lotu 3. Nr siedzenia 4. Data przylotu(rrrr/mm/dd)

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DANE OSOBOWE: 5. Nazwisko 6. Imię 7. Inicjał drugiego imienia 8. Płeć

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NUMER TELEFONU pod jakim można Cię znaleźć, proszę podać kod kraju i miasta

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| **9. Mobilny**  |  |  |  | **10. Służbowy** |  |
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| **13. Email**  |  |  |  |  |
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| **ADRES ZAMELDOWANIA:** |  |  |  | **14. Ulica i numer domu *(oddziel wolnym polem)*** |  |  |  |  |  **15. Numer mieszkania** |  |
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| **16. Miasto** |  |  |  |  |  |  |  |  | **17. Region** |  |
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| **18. Państwo** |  |  |  |  |  |  |  |  | **19. Kod pocztowy** |  |
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ADRES TYMCZASOWY: Jeśli jesteś przyjezdnym podaj tylko adres pierwszego pobytu

**20. Nazwa hotelu (jeśli hotel) 21. Ulica i numer *(oddziel wolnym polem)* 22. Numer mieszkania**

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23. Miasto 24. Region

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25. Kraj 26. Kod

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OSOBA DO KONTAKTU W WYJĄTKOWEJ SYTUACJI lub ktoś kto może się z Tobą skontaktować w ciągu następnych 30 dni

27. Nazwisko 28. Imię 29. Miasto

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30. Kraj 31. Email

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32. Numer telefonu komórkowego 33. Inne numery telefonu

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1. **TOWARZYSZE PODRÓŻY – RODZINA: podaj wiek tylko jeśli jest niższy niż 18 lat**

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1. **TOWARZYSZE PODRÓŻY: NIE RODZINA nazwa grupy (jeśli dotyczy)**

 **Nazwisko Imię Grupa** *(wycieczka, drużyna, firma)*

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**Public Health Passenger Locator Form:** To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. ~***Thank you for helping us to protect your health.***

***One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.***

FLIGHT INFORMATION: 1. Airline name 2. Flight number 3. Seat number 4. Date of arrival (yyyy/mm/dd)

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PERSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex

**Male Female**

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

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| **9. Mobile** |  |  |  | **10. Business** |  |
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| **PERMANENT ADDRESS:** |  |  |  | **14. Number and street *(Separate number and street with blank box)*** |  |  |  **15. Apartment number**

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| **16. City** |  |  |  |  |  |  | **17. State/Province** |  |
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| **18. Country** |  |  |  |  |  |  | **19. ZIP/Postal code** |  |
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TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.

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**20. Hotel name (if any) 21. Number and street *(Separate number and street with blank box)* 22. Apartment number**

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23. City 24. State/Province

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25. Country 26. ZIP/Postal code

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EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days

27. Last (Family) Name 28. First (Given) Name 29. City

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30. Country 31. Email

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32. Mobile phone 33. Other phone

1. **TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years**

Last (Family) Name First (Given) Name Seat number Age <18

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1. **TRAVEL COMPANIONS – NON‐FAMILY: Also include name of group (if any)**

**Last (Family) Name First (Given) Name Group** *(tour, team, business, other)*

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