

Questionnaire of Health status

In response to COVID-19 situation, kindly please fill in and sign below questionnaire before departing to the airport.

I understand that I must advise SmartLynx Airlines as soon as possible, and should on no account report to the airport for the flight, if any of the following statements apply:

Question:	Yes	No
I have been diagnosed with COVID-19 at any time during the 14 days prior to my flight.		
I have had any of the COVID-19 relevant symptoms (fever; newly developed cough; loss of taste or smell; shortness of breath) at any time during the 8 days prior to my flight.		
I have been in close contact (e.g. less than 2 meters for more than 15 minutes) with a person who has COVID-19 in the 14 days prior to my flight.		
I am required by local or national regulations to be in quarantine for reasons related to COVID-19 for a period that includes the date of the flight.		

(If one of the answers is Yes, please do not proceed to the airport and advise with Your tour operator for postponing your trip or other solution.)

I understand that any of these circumstances will result in refusal to proceed with my travel if I do not disclose this information to the airline before arrival at the airport and my circumstances are identified on site at the airport.

Date _____

Name, surname

Signature