

## DECLARATION RELEASE AND WAIVER

I hereby declare that I have been duly notified of the travel and health check requirements issued for passengers travelling to Philippines by Philippine Airlines. I therefore hereby declare that I HAVE NOT:

1. exhibited or suffered from fever, cough and/or breathing difficulties in the last fourteen (14) days;
2. tested positive or presumptively positive with the COVID-19 or been identified as a potential carrier of the COVID-19 virus or similar communicable illness;
3. been in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the COVID-19 or has been identified as a potential carrier of the COVID-19;
4. been in any location positively designated as hazardous and/or potentially infected with the Coronavirus by a recognized health or regulatory authority;
5. been on a cruise ship or vessel with an incident of death or known transmission of COVID-19 amongst its passengers and/or crew;
6. been working with a company / factory / establishment with known transmission of COVID-19;
7. been refused boarding to any flight in the past fourteen (14) days due to medical reason related to COVID-19.

I am aware and I fully understand that only true and correct information must be provided and that I will be held liable for any false or misleading formation.

As such, I agree to shoulder and pay all travel, medical, quarantine, and all such other costs for either my deportation, in the event of the restriction of my entry into the Philippines, or my mandatory quarantine in the Philippines.

I also hereby fully forever release and discharge and agree to indemnify and hold free and harmless, Philippine Airlines, Inc., its officers, directors, employees, agents, insurers, reinsurers and other parties-in-interest from any and all known and unknown claims and damages of any nature, including but not limited to quarantine, and other ensuing medical and travel costs that may arise from my restriction to enter Philippines or mandatory quarantine in Philippines, and all such other personal or bodily injury and property damages arising from my voluntary decision to take my flight to Philippines despite the circumstances as above-stated, and hereby waive all my rights and claims on account thereof against Philippine Airlines, Inc., its officers, directors, employees, agents, insurers, reinsurers and other parties-in-interest.

IN WITNESS HEREOF, I have hereby set my hand and seal this \_\_\_\_ day of \_\_\_\_\_ 2020.

\_\_\_\_\_  
PRINTED NAME and SIGNATURE

## PASSENGER HEALTH LOCATOR FORM

As a precautionary measure in response to COVID-19, Government Health Offices require information to be collected. The information required will be used only in accordance with applicable laws. Please fill out completely and accurately. A parent/guardian may complete the form for their children.

FLIGHT NO. **PR** \_\_\_\_\_ SEAT NO. \_\_\_\_\_

DATE OF ARRIVAL \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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NAME:

Last (Family) Name \_\_\_\_\_

First (Given) Name \_\_\_\_\_

Middle Name (if available) \_\_\_\_\_

Others \_\_\_\_\_

For passengers traveling with family members with same address and contact details, please indicate all family members at the back of this form.

ADDRESS:

(If visitor, include your Temporary Address. If citizen or Resident- Include accommodation/hotel/ Permanent Address)

Number and Street \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

PRIMARY CONTACT PHONE / MOBILE NUMBER

(Include country code)

SECONDARY CONTACT PHONE / MOBILE NUMBER

(Include country code)

EMAIL ADDRESS

This confirms that I did not originate from, transfer from, or transit through any location in mainland China, Hong Kong, Macau, Taiwan, North Gyeongsang including Daegu and Cheongdo in the past 14 days.

I have been in the People's Republic of China or Hong Kong, or Macau or Taiwan in the past 14 days (whether originating from, transferred from, or transited through). Dates of travel to People's Republic of China, Hong Kong, Macau or Taiwan, North Gyeongsang including Daegu and Cheongdo - \_\_\_\_\_.

\_\_\_\_\_  
(Signature Over Printed Full Name)

By affixing my signature, I attest to the truth and veracity of the above information. I understand the need for the collection of the data and consent thereto.