

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) 2 0

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.
 9. Mobile 10. Business
 11. Home 12. Other
 13. Email address

PERMANENT ADDRESS: 14. Number and street (Separate number and street with blank box) 15. Apartment number
 16. City 17. State/Province
 18. Country 19. ZIP/Postal code

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.
 20. Hotel name (if any) 21. Number and street (Separate number and street with blank box) 22. Apartment number
 23. City 24. State/Province
 25. Country 26. ZIP/Postal code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days
 27. Last (Family) Name 28. First (Given) Name 29. City
 30. Country 31. Email
 32. Mobile phone 33. Other phone

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

| | Last (Family) Name | First (Given) Name | Seat number | Age <18 |
|-----|----------------------|----------------------|----------------------|----------------------|
| (1) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (2) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (3) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (4) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)

| | Last (Family) Name | First (Given) Name | Group (tour, team, business, other) |
|-----|----------------------|----------------------|-------------------------------------|
| (1) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (2) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

GRENADA CIVIL AVIATION AUTHORITY
International Passenger Health Declaration Form

(P) +1 (473) 440-2649 / 2806 / 2846 / 3485 | (F) +1 (473) 440-4127 / 6848 | (E) info@health.gov.gd

I, Mr / Ms. _____ do hereby solemnly affirms, declares and undertake the following;

1. That have travelled to countries (A) _____ (B) _____ (C) _____, during the last 14 days.

2. That my health status is as follows: (please tick the relevant symptom indicator box), if YOU or ANYONE in your household had or has (SARS-CoV- 2) / (COVID-19).

Fever/Chills: Yes [] No [].

Cough: Yes [] No [].

Sore throat: Yes [] No [].

Shortness of breath or difficulty breathing: Yes [] No [].

Loss of taste or smell: Yes [] No [].

Muscle or body aches and pains: Yes [] No [].

Diarrhea: Yes [] No [].

Congestion or runny nose: Yes [] No [].

Nausea or vomiting: Yes [] No [].

3. That I will comply with all public health measures adopted at the departure and arrival airport for anti-coronavirus 2 (SARS-CoV- 2) / (COVID-19).

4. That I am willing to undergo all processes applicable for (SARS-CoV- 2) / (COVID-19) testing upon my arrival at the destined airport of Grenada.

5. That I will comply and will remain in quarantine or self-quarantine for 14 days or as per the advice/directive of the public health officer. I am also willing to and will comply / agree to pay the cost of quarantine and food, as required by the relevant authorities.

6. I will comply with all anti-coronavirus 2 (SARS-CoV- 2) / (COVID-19) precautionary measures, instructions of the Cabin-crew during my flight until border control / public health checks/clearance.

7. I recognize that I may be at risk of unintentional exposure to and contraction of COVID-19 during my stay in Grenada.

8. With full knowledge of the risks involved, I hereby agree to RELEASE, INDEMNIFY, DEFEND, AND HOLD HARMLESS the Government of Grenada, its officers, agents, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death related to COVID-19, that may be sustained by me during my stay in Grenada

9. I hereby declare that the details given above are true and correct to the best of my knowledge and belief and I undertake to inform concerned Health authorities through the COVID-19 Helplines; 538-4784, 458-4787, 438-4787 regarding any change therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for an offence or violation of Public Health Safety Laws and all applicable law(s) of Grenada.

Signature.

Signature of Guardian if
under 18yrs of age.

Date. DD/MM/YY

NOTE: It is clarified and understood that a/the provision of untrue declaration or undertaking or information to public authorities is an offence and a serious violation of Public Health Safety Laws and all applicable law(s) of Grenada.

COVID-19 WAIVER OF LIABILITY AGREEMENT

RELEASE AND WAIVER. In consideration of my providing services to the Government of Grenada which involves the transportation of visitors and other persons who have travelled to Grenada from other countries on or after the 15th day of July 2020 (the “Services”), I do hereby agree to **RELEASE, WAIVE, INDEMNIFY, DEFEND, AND HOLD HARMLESS** the Government of Grenada and its past, current, and future officers, directors, employees, volunteers, contractors, representatives, affiliates, agents, successors, and assigns (collectively, “the Government”) from any and all damages, injuries, losses, liability, claims, causes of action, litigation, or demands, including but not limited to those for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred, directly or indirectly, now or in the future, in any way related to COVID-19 and in connection with my provision of the Services.

ASSUMPTION OF RISKS. I understand that the Government is not responsible in any manner for any risks related to COVID-19 in connection with the Services that I provide. I understand that the World Health Organization has classified the COVID-19 outbreak as a pandemic. I further understand that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. I am fully aware that participation in the Services carries with it certain inherent risks related to COVID-19 transmission that cannot be eliminated regardless of the care taken to avoid such risks. Such inherent risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such inherent risks.

I have read and understood this Agreement and enter into it voluntarily in consideration of the opportunity to provide the Services. I acknowledge I am foregoing legal rights and/or remedies which may be available to me.

Signature

Date

Printed Name