

COVID-19 Information Form



HELLENIC REPUBLIC



GENERAL SECRETARIAT
FOR CIVIL PROTECTION

Passenger Tracking Form in the context of COVID-19 spreading and impact reduction: To protect your health from COVID-19, you will be asked to complete this form. The information provided will help to ascertain compliance with the home restraint measure by the Authorities. It is important to fill in all the fields of the form accurately. Your personal information will be treated as confidential and will be processed for the public interest and to protect public health from COVID-19.

Thank you for your help in protecting your health.

One form should be completed by an adult member of each family. Please fill 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)

PERSONAL INFORMATION:

5. Last(Family)Name

6. First(Given)Name

7. Gender

Male

Female

CONTACT INFORMATION:

Where we can find you if needed (include country and city code)

8. Mobile

9. Home

10. Email

PERMANENT ADDRESS:

11. Number and street (Separate number and street with blank box)

12. City

13. State/Province

14. Country

15. ZIP/Postal code

TEMPORARY ADDRESS:

If you are a visitor, write only the first place you will be staying.

16. Hotel name (if any)

17. Number and street (Separate number and street with blank box)

18. Apartment number

19. City

20. State/Province

21. Country

22. ZIP/Postal code



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EMERGENCY CONTACT DETAILS: _____

of someone who will be able to contact you in the next 30 days

23. Last(Family)Name <input style="width:100%; height: 20px;" type="text"/>	24. First(Given)Name <input style="width:100%; height: 20px;" type="text"/>	25. City <input style="width:100%; height: 20px;" type="text"/>
26. Country <input style="width:100%; height: 20px;" type="text"/>	27. Email <input style="width:100%; height: 20px;" type="text"/>	
28. Mobile <input style="width:100%; height: 20px;" type="text"/>	29. Other phone number <input style="width:100%; height: 20px;" type="text"/>	

30. TRAVEL COMPANIONS – FAMILY: _____

Only include age if younger than 18 years

	Last(Family)Name	First(Given)Name	Seat number	Age<18
(1)	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>
(2)	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>
(3)	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>

31. ISOLATION AREA INFORMATION FOR THE NEXT 14 DAYS _____

ADDRESS

32. Number and street (Separate number and street with blank box)

33. City

34. State/Province

35. ZIP/Postal code

SIGNATURE