

**REPORT OF
MEASURES TAKEN ON BOARD THE FLIGHT**

Name of Flight Commander:.....

Name of Airline:.....Flight Number:.....

Port of embarkation :.....Date of Arrival:.....

No. of passengers with symptoms of suspected Coronavirus Disease 2019 (COVID-19) Infection.....

Seat numbers of passengers with symptoms.....

Measures Taken Onboard :

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Name of authorized airline representative:.....

Signature.....

Date