

HEALTH DECLARATION FORM

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

- 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 1 metre) with a person who has COVID-19 in the 14 days prior to my flight.
- I have taken a Covid-19 Test and currently waiting for results
- 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,
- 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 and my circumstances are identified on site at the airport.

Name: _____

Signature: _____

Date: _____