

HEALTH DECLARATION FORM

REQUIRED TO BE SUBMITTED FOR EVERY PASSENGER (LEAD PASSENGER ONLY IF REPRESENTING FAMILY UNIT) ON THE RESERVATION NO LATER THAN 24 HRS PRIOR TO THE SCHEDULED DEPARTURE TIME

I, _____, hereby certify as follows:

Within the twenty-one (21) days immediately preceding the date of this Health Declaration Form, I HAVE NOT:

- a. Tested positive or presumptively positive for COVID-19 or been identified as a potential carrier of SARS-CoV-2, the virus that causes COVID-19;
- b. experienced any symptoms commonly associated with COVID-19;
- c. been in any location with widespread ongoing transmission of COVID-19, as identified by the Centers for Disease Control (CDC);
- d. been in direct contact with or in the immediate vicinity of any person I knew and/or now know to be carrying SARS-CoV-2.

I WILL consent to having my temperature taken by any representative or agent of the flight operator prior, during, and after any flight performed by Leviate Air Group, and will provide any follow up information reasonably requested by the flight operator.

I WILL, if asked, wear a mask (of the specifications recommended by the flight operator) at all times while a passenger on any flight performed by Leviate Air Group, and will take all reasonable prophylactic steps that may be recommended by the flight operator and/or any relevant public authority.

I CAN account for all locations visited over the previous twenty-one (21) days and shall provide an exhaustive list of all locations visited and modes of transportation, upon request by the flight operator.

I AGREE to notify Leviate Air Group (through my broker representative) of any change in status, including diagnosis with COVID-19 and/or quarantine, within fourteen (14) days either before or following the flight for which this Health Declaration was prepared.

I ACKNOWLEDGE and ACCEPT that this form will be considered as my consent to Leviate Air Group to disclose, share, record and store this Health Declaration with any relevant authority or service provider for the purposes of ensuring the safety and security of any and all third parties that may come in contact with me prior, during, and after any flight. If over the previous twenty-one (21) days prior to the flight, I have visited any of the countries, states or regions that have a CDC Level 3 Travel Health Notice or travel to which is restricted subject to US President's proclamation, upon Leviate Air Group's request, I AGREE to provide a written verification executed by a licensed physician or a medical facility prior to boarding a flight confirming that (i) a COVID-19 test was administered on me and was negative or (ii) I do not meet the CDC criteria for administering a COVID-19 test and do not exhibit any symptoms.

I AFFIRM that all the above statements apply equally to any passengers under the age of 18 traveling, either with me or with my consent, on any flight performed by Leviate Air Group and who are in my custody or care.

Government Issued ID (Type, Number, Exp)

Signature

Date

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AIR GROUP