

### Traveler's Declaration & Acknowledgement

**Any and all passengers scheduled to fly on Seaborne Airlines' aircraft MUST complete this form PRIOR TO their scheduled flight into the United States due to the 2019 Novel Coronavirus (COVID-19) restrictions.**

**ALL ITEMS MUST BE FILLED OUT LEGIBLY & IN THEIR ENTIRETY.**

#### TO BE COMPLETED by EACH PASSENGER—PRIOR TO CHECK-IN

ARRIVAL AIRPORT: <b>SJU--LUIS MUÑOZ MARÍN INTERNATIONAL AIRPORT</b>		
FAMILY NAME:	BIRTH DATE: / / (DAY/MONTH/YEAR)	
FIRST (GIVEN) NAMES:	DATE OF TRAVEL: / / (DAY/MONTH/YEAR)	
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	FLIGHT #:	SEAT # (if available):
U.S. DESTINATION ADDRESS OR HOTEL NAME:	EMAIL ADDRESS:	
CITY / STATE / ZIP:	U.S. TELEPHONE #:	MOBILE #: <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Today, or in the past 24 hours, have you had any of the following symptoms?</i>		
1. Fever (100.4° F / 38° C or higher), felt feverish, and / or had chills?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. New or worsening persistent (frequent or continuing) cough?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. New or worsening difficulty breathing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>In the past 14 days, have you been to <b>Hubei Province, China</b>?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>In the past 14 days, have you been to any of the other countries or geographic regions listed below?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>People's Republic of China</b> (excluding the Special Administrative Regions of Hong Kong and Macau); <b>Islamic Republic of Iran</b> ; <b>Schengen Area</b> (comprising the 26 European states that have officially removed border control at their mutual borders: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, and Switzerland); <b>United Kingdom</b> (excluding overseas territories outside of Europe); <b>Republic of Ireland</b> ; <b>Federative Republic of Brazil</b>		
<i>Please read the following statements and attachment(s) then sign below:</i>		
1. Please read & review attached EXECUTIVE ORDER OF THE GOVERNOR OF PUERTO RICO, HON. WANDA VÁZQUEZ GARCED.		
2. Any passenger who arrives at the San Juan Luis Muñoz Marín International Airport shall remain under quarantine for a period of fourteen (14) days or for the duration of their stay in Puerto Rico. For the purposes of the 14-day period, said period shall begin on the arrival day at the airport.		
3. No passenger may leave the airport facilities without having completed the process established by the National Guard in coordination with the Department of Health.		
4. Every passenger arriving to San Juan must complete the documents provided by the National Guard and the Department of Health.		
5. Any person who in carrying out any activity that endangers their life or that of others, after having being alerted by the authorities, while a state of emergency enacted by the Governor through Executive Order shall be punished by imprisonment for a period not to exceed six (6) months or a fine not to exceed \$5,000 or both penalties, at the discretion of the court and / or any applicable law.		
6. If I am quarantined in San Juan, I understand it is my responsibility to pay for any expenses incurred. The airline will not cover any of the expenses incurred due to quarantine.		
<i>By signing below, I agree to and understand this form and all attachments. I will abide by the above stipulations and to the policies set forth by the current EXECUTIVE ORDER OF THE GOVERNOR OF PUERTO RICO, HON. WANDA VÁZQUEZ GARCED. To the best of my knowledge, all information entered on this form is true and correct.</i>		
PASSENGER'S SIGNATURE (MUST BE SIGNED IN WITNESS OF SEABORNE STATION AGENT):		DATE (DAY/MONTH/YEAR):

#### TO BE COMPLETED by STATION AGENT at DEPARTURE AIRPORT

I reviewed this form & verified it is completed legibly, in its entirety with all questions answered appropriately. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>Be sure to enter the assigned SEAT number if not already entered.</i>			
PRINTED NAME:	SIGNATURE:	JOB TITLE:	DATE (DAY/MONTH/YEAR):

Upon completion of this form, the Station Agent at the Departure Airport must scan and email to [safety@seaborneairlines.com](mailto:safety@seaborneairlines.com).

The original completed form must be comailed on the applicable departing flight to Seaborne Airline's AOSC R.Serrano in SJU.