



**COVID-19 PROTOCOL: NOTIFICATION OF NON-SCHEDULE FLIGHT**

|           |  |
|-----------|--|
| DATE:     |  |
| OPERATOR: |  |

|  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| ARRIVING AT:<br>( <input checked="" type="checkbox"/> Check Airport) | UVF/TLPL <input type="checkbox"/> | SLU/TLPC <input type="checkbox"/> |
| OPERATOR STAMP/SIGNATURE   |                                   |                                   |

**I HEREBY NOTIFY THE GOVERNMENT OF SAINT LUCIA OF THE FOLLOWING FLIGHT:**

AIRCRAFT REGISTRATION:

NAME & CONTACT NUMBER OF HANDLER IN SAINT LUCIA:

**ARRIVAL DETAILS**

|              |  |
|--------------|--|
| FROM:        |  |
| DATE:        |  |
| ETA (LOCAL): |  |

**DEPARTURE DETAILS**

|              |  |
|--------------|--|
| TO:          |  |
| DATE:        |  |
| ETD (LOCAL): |  |

**ARRIVING PASSENGER INFORMATION:**

| NAME | PASSPORT # | COUNTRIES VISITED IN THE LAST 14 DAYS (Comma separated) |
|------|------------|---|
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**PLEASE EMAIL THIS FORM TO THE CHIEF MEDICAL OFFICER:**

Dr. Sharon Belmar-George

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