



Originalas nebus siunčiamas

**LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA**

**MINISTRY OF HEALTH OF THE REPUBLIC OF LITHUANIA**

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National Public Health Centre under the Ministry of  
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**SUBJECT: REGARDING PUBLIC HEALTH MEASURES AT THE AIRCRAFTS**

Considering the information provided by the European Centre for Communicable Disease Prevention and Control (ECDC), the Ministry of Health of the Republic of Lithuania is concerned about the spread of COVID-19 caused by the novel coronavirus SARS-CoV-2. Based on ECDC data provided on 25-02-2020, there were 276 cases of COVID-19 confirmed in the EU and UK, 83% of them were registered in Italy. Spread of the disease in the world and other EU countries increases the risk of the importation of COVID-19 in Lithuania as well.

Based on the epidemiological COVID-19 situation in Northern Italy, Health Emergency Operations Centre of the Ministry of Health adapted COVID-19 case definition, including travelling to the Northern Italy (regions of Lombardy, Veneto, Piedmont and Emilia-Romagna) as one of epidemiological criteria.

With regard to the information provided above, to the 23 article of the International Health Regulations (2005) and to the article 6 part 1 of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (*Processing shall be lawful only if and to the extent that at least one of the following applies: (d) processing is necessary in order to protect the vital interests of the data subject or of another natural person; (e) processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested*

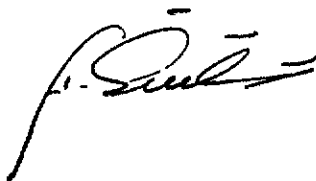
*in the controller*), The Ministry of Health asks flight operators operating flights to the airports in Lithuania, to distribute and to collect Public Health Passenger Locator Form, filled by each passenger, during the flights from Milan, Verona and Treviso airports. Also, when the aircraft flying from Milan, Verona and Treviso airports is landed at Vilnius or Kaunas airports, please allow public health specialists from the National Public Health Centre under the Ministry of Health to access the aircraft, provide information to passengers, carry out thermovizic measurement of passengers' temperature and organise other necessary public health measures.

For urgent questions please contact Ginreta Megelinskiene, Head of Division of Communicable Diseases Management, Vilnius department of the National Public Health Center under the Ministry of Health, e-mail: [ginreta.megelinskiene@nvsc.lt](mailto:ginreta.megelinskiene@nvsc.lt), phone: +370 621 01104.

Attached: Public Health Passenger Locator Form (EN, LT), 2 pages.

Sincerely,

Viceminister



Algirdas Šešelgis

Keleivio kortelė, pildoma visuomenės sveikatos tikslais. Siekiant apsaugoti Jūsų sveikatą, atsiradus įtarimui, kad skrydžio metu buvo užkrečiamosios ligos atvejais, visuomenės sveikatos specialistams yra būtina, kad Jūs užpildytumėte Keleivio kortelę. Jūsų nurodyta informacija padės visuomenės sveikatos specialistams susisiekti su Jumis, atsiradus užsikrėtimo užkrečiamąja liga rizikai. Svarbu pilnai ir tiksliai užpildyti Keleivio kortelę. Jūsų nurodyta informacija bus saugoma laikantis galiojančių teisės aktų ir naudojama tik visuomenės sveikatos tikslais. Dėkojame, kad padedate mums apsaugoti Jūsų sveikatą.

Vieną formą turėtų užpildyti suaugęs kiekvienos šeimos narys. Pildykite DIDŽIOSIOMIS raidėmis. Naudokite tuščius langelius tarpams.

**INFORMACIJA APIE SKRYDĮ:**

1. Oro linijos pavadinimas  2. Skrydžio Nr.  3. Vietos Nr.  4. Atvykimo data (mmmm/mm/dd)  2  0

**INFORMACIJA APIE ASMENĮ:** 5. Pavardė  6. Vardas  7. Antro vardo inicialas  8. Lytis Vyras  Moteris

Telefono Nr., kuriais būtų galima su Jumis susisiekti esant būtinybei. Įtraukite šalies ir miesto kodą.

9. Mobilus  10. Darbo   
 11. Namų  12. Kitas   
 13. El. paštas

**NUOLATINĖS GYVENAMOSIOS VIETOS ADRESAS:**

14. Namų Nr. ir gatvės pavadinimas (Atskirkite gatvės pavadinimą ir namų Nr. tuščiu langeliu)  15. Buto Nr.   
 16. Miestas  17. Savivaldybė   
 18. Šalis  19. Pašto kodas

**LAIKINOS GYVENAMOSIOS VIETOS ADRESAS: Jei esate lankytojas, nurodykite tik primąją vietą, kurioje apsistosite.**

20. Viešbučio pavadinimas (jei yra)  21. Namų Nr. ir gatvė (Atskirkite gatvės pavadinimą ir namų Nr. tuščiu langeliu)  22. Buto Nr.   
 23. Miestas  24. Savivaldybė   
 25. Šalis  26. Pašto kodas

**KONTAKTINĖ INFORMACIJA apie asmenį, kuris galės su jumis susisiekti per ateinančias 30 dienų.**

27. Pavardė  28. Vardas  29. Miestas   
 30. Šalis  31. El. Pašto adresas   
 32. Mobilus tel. Nr.  33. Kitas tel. Nr.

**34. KARTU KELIAVĘ ASMENYS (šeimos nariai): amžių nurodykite tik tuo atveju, jei asmuo yra jaunesnis nei 18 m.**

Pavardė	Vardas	Vietos Nr.	Amžius 14-18m.
(1) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**35. KARTU KELIAVĘ ASMENYS (ne šeimos nariai): Nurodykite grupės pavadinimą (jei yra)**

Pavardė  Vardas  Grupė (helikoptų ekipažas, komanda, darbo kolektyvas, kt.)

(1)

(2)

**Public Health Passenger Locator Form:** To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. *~Thank you for helping us to protect your health.*

*One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.*

**FLIGHT INFORMATION:** 1. Airline name  2. Flight number  3. Seat number  4. Date of arrival (yyyy/mm/dd)  2  0

**PERSONAL INFORMATION:** 5. Last (Family) Name  6. First (Given) Name  7. Middle Initial  8. Your sex Male  Female

**PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.**

9. Mobile  10. Business

11. Home  12. Other

13. Email address

**PERMANENT ADDRESS:** 14. Number and street (Separate number and street with blank box)  15. Apartment number

16. City  17. State/Province

18. Country  19. ZIP/Postal code

**TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.**

20. Hotel name (if any)  21. Number and street (Separate number and street with blank box)  22. Apartment number

23. City  24. State/Province

25. Country  26. ZIP/Postal code

**EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days**

27. Last (Family) Name  28. First (Given) Name  29. City

30. Country  31. Email

32. Mobile phone  33. Other phone

**34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years**

	Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)**

	Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>