

PASSENGER CONSENT FORM

For Etihad Airways to be allowed access to passenger's medical record.

Name	
Date of Birth	
Nationality	
Passport No	
Flight Number	
Flight Date	
Booking Reference	
Passenger email address	
Passenger Contact Number	
Sample collection location	
Email Address	

CONSENT:

I have read this form and fully understand the contents of it. I understand that filling in and signing this form gives you permission to give copies of my PCR – COVID 19 reports to Etihad Airways for travelling purpose.

TERMS AND CONDITIONS:

- 1) Passengers must take a PCR test up to 4 days prior to their date of travel (within 96 hours).
- 2) Etihad Airways shall not be liable for the outcome of the test.
- 3) Etihad Airways shall not be liable for any damages, claims or other consequences including expenses arising out of any loss, temporary misplacement, delay or damage to the test results once handed over to the passenger.

Your signature:

Date: