



PASSENGER CONSENT FOR COVID 19

Passenger Details

Name	
Date of Birth	
Nationality	
Passport Number	
Citizenship Number / CNIC No:	
Flight Number	
Flight Date	
Ticket Number	
Booking Reference	
Contact Number	
Sample Collection Location	
Email Address	

I _____ son/daughter/wife of _____ resident of _____ do hereby authorize and fully consent to the Aga Khan University Hospital (AKUH) sharing my COVID-19 PCR result with _____ Airline for the conditional purpose(s) of assessment and acceptance as a passenger on the Airline. I acknowledge I have been fully informed of this requirement and freely give my consent to the release of this information to _____ Airline. I understand that _____ Airline will not share these test results with any third party unless determined lawfully necessary. Where applicable, if I am consenting to the release of this information to _____ Airline on behalf of a child I acknowledge and agree that I have the legal capacity to do so as a parent or legal guardian of that child.

I hereby agree to indemnify and hold AKUH and the Airline harmless against any claims and damages in respect of any matters pertaining to my COVID-19 PCR test and its result(s) or report(s) including but not limited to:

- the outcome of my test results;
- my not being allowed to board the flight based on the test results;
- a delay in reporting my test result due to equipment breakdown at AKUH which could result in my missing the scheduled flight;
- the potential for a false positive or false negative COVID-19 test result; and
- any consequential loss or damage

I further confirm that I have been informed about the test purpose, procedures, possible benefits and risks, that the COVID-19 PCR has to be taken within the timeline informed by the Airline, and I have received a copy of this Informed Consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19.

Signature: _____

Name: _____

Date: _____