

ACCESS JET GROUP HEALTH DECLARATION FORM – COVID-19

Required to be submitted for every passenger on the reservation at least 24 hours prior to the scheduled flight departure time.

I, _____ [insert full name], hereby certify, represent and warrant as follows:

1. Within the twenty-one (21) days immediately preceding the Date of this Health Declaration Form (“Declaration”), I HAVE NOT:
 - (a) Tested positive or presumptively positive with the novel Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness (“Coronavirus”);
 - (b) Experienced any symptoms commonly associated with the Coronavirus;
 - (c) been in any location positively designated as hazardous and/or potentially infected with the Coronavirus by a recognized health or regulatory authority, such as a country for which the Center for Disease Control and Prevention (“CDC”) issued a Level 3 Travel Advisory for Coronavirus;
 - (d) been in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the Coronavirus or has been identified as a potential carrier of the Coronavirus.

2. I can account for all locations visited over the previous twenty one (21) days and shall provide an exhaustive list of all locations visited and modes of transportation used below (please attach an additional page as needed):

3. I AGREE to notify Access Jet Group (by email to _vip@accessjetgroup.com) of any change in status, including but not limited to diagnosis with Coronavirus and/or quarantine, within thirty (30) either before or following an Access Jet Group charter flight.

4. If asked, I AGREE that I will wear a mask (of the specifications recommended by the flight operator) at all times while a passenger on any flight arranged by Access Jet Group, and I will take all reasonable prophylactic steps that may be recommended or required by Access Jet Group, the flight operator, and/or any relevant public local, state, or federal authority.

5. If asked, I CONSENT to having my temperature taken during and after any flight arranged by Access Jet Group, and I will provide any follow information reasonably requested by Access Jet Group.

6. I ACKNOWLEDGE and ACCEPT that this Declaration shall be governed by the laws of Florida. I irrevocably agree that the state and federal courts of Florida shall have exclusive jurisdiction to hear and determine any suit, action or proceeding, and to settle any dispute which may arise out of, under, or in connection with this Declaration and for such purposes hereby irrevocably submit to the jurisdiction of such Courts. Nothing contained herein shall limit the right of Access Jet Group to take proceedings in any other Court of competent jurisdiction, nor shall the taking of proceedings in one or more jurisdiction preclude the taking of proceedings in any other jurisdiction whether concurrently or not.



7. I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to Access Jet Group to disclose, share, record and store this Declaration with any relevant authority or service provider for the purposes of ensuring the safety and security of any and all third parties that may come in contact with me prior, during, and after any flight.
8. If over the previous twenty-one (21) days prior to the flight, I have visited any of the countries, states or regions that have a CDC Level 3 Travel Health Notice or travel to which is restricted subject to US President's proclamation, upon Access Jet Group's or flight operator's request, I AGREE to provide a written verification executed by a licensed physician or a medical facility prior to boarding a flight confirming that: (i) a CDC-approved Coronavirus test was administered on me and was negative or (ii) I do not meet the CDC criteria for administering a Coronavirus test and do not exhibit any Coronavirus symptoms.
9. I AFFIRM that all the above statements apply equally to the following minors under the age of 18 travelling (either with me or with my consent) on any Access Jet Group chartered flight and who are in my custody or care, if any (please attach an additional page as needed):

Name/Surname: _____

Passport No: _____

Country Issuing Passport: _____

(please attach an additional page as needed).

10. I AFFIRM that all of the above statements are true, accurate and complete. If any above statement is not wholly true, please provide a full explanation below (please attach an additional page as needed):

In signing below, I, am an individual over the age of 18 of sound mind, knowingly, voluntarily, and freely agree to the terms of this binding Declaration, and in doing so represent the truthfulness and veracity of the above answers.

(Signature)

(Date)

(Passport or Valid Government issued ID No.)

(Country/State/Department Issuing the Document)

