



COVID-19 PCR Test PASSENGER CONSENT FORM

Passenger Name	
Ticket Number	
Booking Reference	
Flight Date	
Nationality	
Passport Number	
Date of Birth	
Contact Phone Number	
Email Address	
Name of Hospital/Testing Laboratory	
Location of Hospital/Testing Laboratory	

I have been fully informed that as a requirement of travel with Qatar Airways Group Q.C.S.C ("Qatar Airways") I must, where requested, present/submit valid COVID-19 PCR test result(s) to Qatar Airways. The purpose of collating this information is to help maintain ongoing public health and safety measures while travelling. I freely authorise and consent to sharing the results of my valid COVID-19 PCR test with Qatar Airways for the conditional purpose(s) of assessment and acceptance as a passenger with the airline.

I understand that Qatar Airways may be required to share/process my COVID-19 PCR test (and related) information where and when required by law and/or for legitimate/necessary business purposes and I hereby give my consent in respect of the same.

Where applicable, if I am consenting to the release of this information to Qatar Airways 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 warrant that the COVID-19 PCR test results I am providing have not been changed, altered, modified and/or tampered with in any way and are accurate to the best of my knowledge. I hereby indemnify Qatar Airways, its affiliates and subsidiaries in respect of any losses or claims as a result of fraudulent or manipulated PCR test results. Furthermore, I hereby release Qatar Airways, its affiliates and subsidiaries from any and all liability towards me, my dependents or beneficiaries arising out of or in connection with the PCR test results.

I confirm that I have read and fully understand this consent before signing below.

Signature _____

Date _____