

# 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:

Within the fourteen (14) days immediately preceding the Date of this Health Declaration Form ("Declaration"):

**I HAVE NOT:**

- a. tested positive or presumptively positive with the 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 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.

I CAN account for all states and international countries visited over the previous fourteen (14) days and shall include an exhaustive list of all these locations visited and modes of transportation (airline, private charter, cruise ship, etc.).

I AGREE to notify XOJET Aviation LLC (XOA) of any change in status, including diagnosis with Coronavirus and/or quarantine, within thirty (30) days either before or following an XOA flight.

I WILL, if asked, wear a mask (of the specifications recommended by the flight operator) at all times while a passenger on any flight arranged by XOA, and will take all reasonable prophylactic steps that may be recommended by XOA, flight operator and/or any relevant public authority.

I WILL consent to having my temperature taken by any representative or agent of the flight operator prior, during, and after any flight arranged by XOA, and will provide any follow up information reasonably requested by XOA.

I ACKNOWLEDGE and ACCEPT that this Declaration shall be governed by the laws of Florida. I irrevocably agree that the competent Courts of Florida shall have 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 XOA 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.

I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to XOA 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.

I AFFIRM that all the above statements apply equally to the listed minors under the age of 18 travelling (either with me or with my consent) on any XOA flight and who are in my custody or care, if any.

In the event the flight is operated on a Preferred Partner Aircraft of XOA, I authorize XOJET Aviation, LLC and XO Global to sign on my behalf in sharing this Health Declaration Form with the Preferred Partner operator.

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.

**List of Minors & DOBs traveling:**

**Travel Details, including mode(s) of transportation:**

**If any of the statements are not wholly true, include a full explanation:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date