**KARTA LOKALIZACYJNA/ LOCATION FORM**

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| **Numer:** */wypełnia przedstawiciel Straży Granicznej/***[Number:** */to be completed by Border Guard/]* |

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W związku z zagrożeniem epidemią koronawirusa, proszę wypełnij ten formularz. Podanie poniższych informacji pozwoli pracownikom służby zdrowia na kontakt z Tobą jeśli doszło do narażenia na chorobę zakaźną. Dane będą zabezpieczone zgodnie z przepisami o ochronie danych osobowych i użyte jedynie do ochrony zdrowia publicznego.

Bardzo ważne jest aby wypełnić ten formularz czytelnie, DRUKOWANYMI LITERAMI.

**Dziękujemy, że pozwalasz nam dbać o Twoje zdrowie.**

[Due to Coronavirus disease, please complete this form. Your information will help public health officers to contact you if you were exposed to a communicable disease. Your information is intended to be held in accordance with applicable laws and used only for public health purposes.

It shall be filled in legibly, IN BLOCK CAPITALS.

**Thank You for helping us to protect your health]**

**DANE POJAZDU [VEHICLE DATA]\*:**

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| Nr rej. pojazdu/ nr innego środka transportu: [Car registration number/ other vehicle number:] |

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**DANE PODRÓŻY [TRAVEL DATA]:**

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| Państwo z którego przyjechano:[Country of departure:] |

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| Data przekroczenia granicy (RRRR/MM/DD):[Border crossing date(YYYY/MM/DD):] |

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***\* Nie dotyczy ruchu pieszego [Not valid for pedestrian traffic]***

**DANE OSOBY PRZEKRACZAJĄCEJ GRANICĘ [PEERSON CROSSING THE BORDER DATA]:**

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| Imię:[First name:] |

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| Nazwisko: [Last name:] |

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| Seria i nr r dokumentu podróży:[Travel document reference number:] |

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| Nr PESEL, jeżeli nadano:[PESEL numer, if given]: |

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| Adres miejsca odbywania kwarantanny (województwo, powiat, miejscowość, ulica, nr domu, nr mieszkania, kod pocztowy): [Address of quarantine (voivodeship, district, city, street, number, postal code):] |

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| Nr tel. do kontaktu (najlepiej komórkowy, możesz podać więcej niż jeden):[Contact telephone number (mobile phone if possible, you can give more than one):] |

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| Adres e-mail do kontaktu: [Contact email address:] |

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