

**Public Health Passenger Locator Form:** To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. **Your information is intended to be held in accordance with privacy laws and used only for public health purposes.** ~Thank you for helping us to protect your health.

One form should be completed by an adult member of each family. Print in capital (uppercase) letters. Leave blank boxes for spaces.

**FLIGHT INFORMATION:**

|                        |                         |                       |  |
|------------------------|-------------------------|-----------------------|--|
| <b>1. Airline name</b> | <b>2. Flight number</b> | <b>3. Seat number</b> | <b>4. Date of arrival (dd/mm/yyyy)</b> |
| <input type="text"/>   | <input type="text"/>    | <input type="text"/>  | <input type="text"/>                   |

**PERSONAL INFORMATION:**

|                              |                              |                          |   |
|------------------------------|------------------------------|--------------------------|---|
| <b>5. Last (Family) Name</b> | <b>6. First (Given) Name</b> | <b>7. Middle Initial</b> | <b>8. Your sex</b>  |
| <input type="text"/>         | <input type="text"/>         | <input type="text"/>     | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PHONE NUMBER(S)** where you can be reached if needed. Include country code and city code.

|                          |                      |                     |                      |
|--------------------------|----------------------|---------------------|----------------------|
| <b>9. Mobile</b>         | <input type="text"/> | <b>10. Business</b> | <input type="text"/> |
| <b>11. Home</b>          | <input type="text"/> | <b>12. Other</b>    | <input type="text"/> |
| <b>13. Email address</b> | <input type="text"/> |                     |                      |

**PERMANENT ADDRESS:**

|  |                             |
|--|-----------------------------|
| <b>14. Number and street (Separate number and street with blank box)</b> | <b>15. Apartment number</b> |
| <input type="text"/>   | <input type="text"/>        |

|                 |                      |                           |                      |
|-----------------|----------------------|---------------------------|----------------------|
| <b>16. City</b> | <input type="text"/> | <b>17. State/Province</b> | <input type="text"/> |
|-----------------|----------------------|---------------------------|----------------------|

|                    |                      |                            |                      |
|--------------------|----------------------|----------------------------|----------------------|
| <b>18. Country</b> | <input type="text"/> | <b>19. ZIP/Postal code</b> | <input type="text"/> |
|--------------------|----------------------|----------------------------|----------------------|

**TEMPORARY ADDRESS:** If you are a visitor, write only the first place where you will be staying.

|                                |  |                             |
|--------------------------------|--|-----------------------------|
| <b>20. Hotel name (if any)</b> | <b>21. Number and street (Separate number and street with blank box)</b> | <b>22. Apartment number</b> |
| <input type="text"/>           | <input type="text"/>   | <input type="text"/>        |

|                 |                      |                           |                      |
|-----------------|----------------------|---------------------------|----------------------|
| <b>23. City</b> | <input type="text"/> | <b>24. State/Province</b> | <input type="text"/> |
|-----------------|----------------------|---------------------------|----------------------|

|                    |                      |                            |                      |
|--------------------|----------------------|----------------------------|----------------------|
| <b>25. Country</b> | <input type="text"/> | <b>26. ZIP/Postal code</b> | <input type="text"/> |
|--------------------|----------------------|----------------------------|----------------------|

**EMERGENCY CONTACT INFORMATION** of someone who can reach you during the next 30 days

|                               |                               |                      |
|-------------------------------|-------------------------------|----------------------|
| <b>27. Last (Family) Name</b> | <b>28. First (Given) Name</b> | <b>29. City</b>      |
| <input type="text"/>          | <input type="text"/>          | <input type="text"/> |

|                    |                      |                  |                      |
|--------------------|----------------------|------------------|----------------------|
| <b>30. Country</b> | <input type="text"/> | <b>31. Email</b> | <input type="text"/> |
|--------------------|----------------------|------------------|----------------------|

|                         |                      |                        |                      |
|-------------------------|----------------------|------------------------|----------------------|
| <b>32. Mobile phone</b> | <input type="text"/> | <b>33. Other phone</b> | <input type="text"/> |
|-------------------------|----------------------|------------------------|----------------------|

**34. TRAVEL COMPANIONS – FAMILY:** Only include age if younger than 18 years

|     | Last (Family) Name   | First (Given) Name   | Seat number          | Age <18              |
|-----|----------------------|----------------------|----------------------|----------------------|
| (1) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (2) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (3) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (4) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (5) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (6) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**35. TRAVEL COMPANIONS – NON-FAMILY:** Also include name of group (if any)

|     | Last (Family) Name   | First (Given) Name   | Group (tour, team, business, other) |
|-----|----------------------|----------------------|-------------------------------------|
| (1) | <input type="text"/> | <input type="text"/> | <input type="text"/>                |
| (2) | <input type="text"/> | <input type="text"/> | <input type="text"/>                |
| (3) | <input type="text"/> | <input type="text"/> | <input type="text"/>                |