

Department of Health and Human Services
Centers for Disease Control and Prevention

OMB Control No. 0920-1181
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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 applicable 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.
- Only letters, numbers, '-', and '@' are allowed for text entry.

Flight

Airline * Flight Number * Seat Number * Arrival Date *

--Select Airline-- [] [] 03/04/2020

Personal

Last (Family) Name * First (Given) Name * Middle Initial

Primary Phone (While In US) * Secondary Phone (While In US) Email *

Address In United States

Number and street Apartment Number

City * State *

--Select State--

+ Add Family Members

I'm not a robot 

Submit

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333, ATTN: PRA 0920-1181