

**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. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.**

**FLIGHT INFORMATION:** 1. Airline name  2. Flight number  3. Seat number  4. Date of arrival (yyyy/mm/dd)  2  0

**PERSONAL INFORMATION:** 5. Last (Family) Name  6. First (Given) Name  7. Middle Initial  8. Your sex Male  Female

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

9. Mobile  10. Business   
 11. Home  12. Other   
 13. Email address

**PERMANENT ADDRESS:** 14. Number and street (*Separate number and street with blank box*)  15. Apartment number

16. City  17. State/Province   
 18. Country  19. ZIP/Postal code

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

20. Hotel name (if any)  21. Number and street (*Separate number and street with blank box*)  22. Apartment number

23. City  24. State/Province   
 25. Country  26. ZIP/Postal code

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

27. Last (Family) Name  28. First (Given) Name  29. City

30. Country  31. Email   
 32. Mobile phone  33. Other phone

**34. FAMILY MEMBERS: 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"/>

