APPENDIX 13. PUBLIC HEALTH PASSENGER LOCATOR FORM

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease on-board 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. TRAVEL COMPANIONS — FAMILY: Only include age if younger than 18 years.

	Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)				
(2)				
(3)				
(4)				

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

	Last (Family) Name	First (Given) Name	Group *(tour, team, business, other)*
(1)			
(2)			

Note.— The Public Health Passenger Locator Form can be downloaded at:
http://www.icao.int/safety/aviation-medicine/Pages/guidelines.aspx or http://www.capsca.org/CAP$CARefs.html

— END —