

PASSENGER LOCATOR FORM – AIRCRAFTS

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/Registration	3. Seat number	4. Date of arrival (yyyy/mm/dd)
			2 0

INTERNAL CONNECTION FLIGHT INFORMATION:

5. Airline name	6. Flight number	7. Seat number	8. Date of arrival (yyyy/mm/dd)
			2 0

PERSONAL INFORMATION:

9. Last (Family) Name	10. First (Given) Name	11. Middle Initial	12. Your sex	13. Age (years)
			MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/>	

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

14. Mobile	15. Business
16. Home	17. Other
18. Email address	

PERMANENT ADDRESS*:

19. Country	20. State/Province
21. City	22. ZIP/Postal code
23. Number and street (Separate number and street with blank box)	24. Apartment number

*25. if in the previous 14 days before your arrival you have stayed in a country (not transit) other than your permanent address, declare below the name of country/countries:

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TEMPORARY ADDRESS: If at any time during the next 14 days you will not be staying at the permanent address listed above, write the places where you will be staying.

26. Country 1	28. ZIP/Postal code 1
27. City 1	29. Hotel name 1 (if any)
30. Number and street 1 (Separate number and street with blank box)	31. Apartment number 1
32. Country 2	34. ZIP/Postal code 2
33. City 2	35. Hotel name 2 (if any)
36. Number and street 2 (Separate number and street with blank box)	37. Apartment number 2

