

PASSENGER/CREW LOCATOR FORM – CRUISE SHIPS

Date of form completion: (yyyy/mm/dd)

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Public Health Passenger/Crew Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a cruise ship. 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/crew member. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

CRUISE INFORMATION:

1. Cruise line name	2. Cruise ship name	3. Cabin Number	4. Date of disembarkation (yyyy/mm/dd)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL INFORMATION:

5. Last (Family) Name	6. First (Given) Name	7. Middle Initial	8. Your sex	9. Age (years)
<input type="text"/>	<input type="text"/>	<input type="text"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/>	<input type="text"/>

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

10. Mobile	<input type="text"/>	11. Business	<input type="text"/>
12. Home	<input type="text"/>	13. Other	<input type="text"/>
14. Email address	<input type="text"/>		

PERMANENT ADDRESS*:

15. Country	<input type="text"/>	16. State/Province	<input type="text"/>	
17. City	<input type="text"/>	18. ZIP/Postal code	<input type="text"/>	
19. Number and street (Separate number and street with blank box)	<input type="text"/>		20. Apartment number	<input type="text"/>

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

<input type="text"/>	<input type="text"/>
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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.

22. Country 1	<input type="text"/>			
23. City 1	<input type="text"/>		24. ZIP/Postal code 1	<input type="text"/>
25. Hotel name 1 (if any)	26. Number and street 1 (Separate number and street with blank box)	27. Apartment number 1		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
28. Country 2	<input type="text"/>			
29. City 2	<input type="text"/>		30. ZIP/Postal code 2	<input type="text"/>
31. Hotel name 2 (if any)	32. Number and street 2 (Separate number and street with blank box)	33. Apartment number 2		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

