

# PASSENGER LOCATOR FORM – FERRY SHIPS

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

2 0

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

**FERRY INFORMATION:** 1. Ferry line name  2. Ferry ship name  3. Cabin/Seat Number  4. Date of disembarkation (yyyy/mm/dd)  2 0

**PERSONAL INFORMATION:** 5. Last (Family) Name  6. First (Given) Name  7. Middle Initial  8. Your sex  MALE  FEMALE  OTHER  9. Age (years)

**PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.**  
 10. Mobile  11. Business   
 12. Home  13. Other   
 14. Email address

**PERMANENT ADDRESS\*:** 15. Country  16. State/Province   
 17. City  18. ZIP/Postal code   
 19. Number and street (Separate number and street with blank box)  20. Apartment number

\*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:

**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  24. ZIP/Postal code 1   
 23. City 1   
 25. Hotel name 1 (if any)  26. Number and street 1 (Separate number and street with blank box)  27. Apartment number 1

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

**34. TRAVEL COMPANIONS – FAMILY:** Only include age if younger than 18 years

	Last (Family) Name	First (Given) Name	Cabin/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"/>

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35. TRAVEL COMPANIONS – NON-FAMILY/NON-SAME HOUSEHOLD: Also include name of group (if any)

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

(1)

(2)