

PASSENGER LOCATOR FORM - GROUND TRANSPORTATION (BUS, TRAIN, CAR)

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

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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 ground-transport vehicle. 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.

BUS-TRAIN INFORMATION: (to be completed by bus/train passengers only)

1. Bus/Train Carrier
2. Bus/Train/Car Plate Number
3. Carriage Number
4. Seat Number
5. Date of travel/entrance in the country (yyyy/mm/dd)

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PERSONAL INFORMATION:

6. Last (Family) Name
7. First (Given) Name
8. Middle Initial
9. Your sex MALE FEMALE OTHER
10. Age (years)

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

11. Mobile
12. Business
13. Home
14. Other
15. Email address

PERMANENT ADDRESS*:

16. Country
17. State/Province
18. City
19. ZIP/Postal code
20. Number and street (Separate number and street with blank box)
21. Apartment number

*22. 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.

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

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

35. Last (Family) Name	36. First (Given) Name	37. Country
38. City	39. Email	
40. Mobile phone	41. Other phone	

42. 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)				

43. 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)			