

## 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 <input type="checkbox"/> Female <input type="checkbox"/>

**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 ( <i>Separate number and street with blank box</i> )	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 ( <i>Separate number and street with blank box</i> )	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 ( <i>tour, team, business, other</i> )
(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/CAPSCARef.html>

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