# 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** — MALE ☐ FEMALE ☐ OTHER ☐

**13. Age (years)**

**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 <u>previous 14 days</u> before your arrival 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 <u>14 days</u> you will not be staying at the permanent address listed above, write the places where you will be staying.

**26. Country 1**

**27. City 1**

**28. ZIP/Postal code 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**

**33. City 2**

**34. ZIP/Postal code 2**

**35. Hotel name 2 (if any)**

**36. Number and street 2** *(Separate number and street with blank box)*

**37. Apartment number 2**

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

**38. Last (Family) Name**

**39. First (Given) Name**

**40. Country**

**41. City**

**42. Email**

**43. Mobile phone**

**44. Other phone**

**45. 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) | | | |

**46. 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) | | |