PUBLIC HEALTH PASSENGER LOCATOR CARD

Public Health Passenger Locator Card to be completed when public health authorities suspect the presence of a communicable disease. The information you provide will assist the public health authorities to manage the public health event by enabling them to trace passengers who may have been exposed to communicable disease. The information is intended to be held by the public health authorities in accordance with applicable law and to be used only for public health purposes.

Flight Information

1. Airline and Flight Number

Airline Flight Number

2. Date of arrival

DD MM YYYY

3. Seat Number where you actually sat on the aircraft

Personal Information

4. Name

Family Name Given Name(s)

Your Current Home Address (including country)

Street Name and Number City State/Province

Country ZIP/Postal Code

Your Contact Phone Number (Residential or Business or Mobile)

Country code Area Code Phone Number E-mail address

Passport or Travel Document Number Issuing Country/Organization

Contact Information

5. Address and phone number where you can be contacted during your stay or, if visiting many places, your cell phone and initial address

Street Name and Number City State/Province

Country ZIP/Postal Code Telephone Number (including country code) or mobile phone number

6. Contact information for the person who will best know where you are for the next 31 days, in case of emergency or to provide critical health information to you.
Please provide the name of a close personal contact or a work contact. This must NOT be you.

a. Name

Family Name Given Name(s)

b. Telephone Number

Country code Area Code Phone Number E-mail address

c. Address

Street Name and Number City State/Province

Country ZIP/Postal Code

7. Are you traveling with anyone else? *YES/NO Circle appropriate response* *If so, who?* *(name of individual(s) or Group)*

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