



WORKING PAPER

FACILITATION PANEL (FALP)

SIXTH MEETING

Montréal, 10-14 May 2010

Agenda Item 5: Review of the health-related SARPs of Annex 9

**PROPOSAL TO AMEND THE HEALTH-RELATED SARPs
OF ANNEX 9 — FACILITATION**

(Presented by Secretary)

SUMMARY

In May 2009, the Council adopted a Declaration relating to the outbreak of influenza A (H1N1) virus. Following its deliberations, the Council requested the Secretary General to review the related provisions of Annex 9. This paper reproduces, in the Appendix, the various health-related Standards and Recommended Practices (SARPs) of Annex 9 and proposes the addition of new text and the amendment of existing provisions, in light of the deliberations of the Council and recent action taken by ICAO to assist States prepare for an international outbreak of a communicable disease posing a public health risk or public health emergency of international concern.

Action by the FAL Panel:

The Panel is invited to consider the proposal described in this paper and agree that Annex 9 be amended, as set out in the Appendix.

1. INTRODUCTION

1.1 On 25 April 2009, as a result of the outbreak of Influenza A (H1N1), the Director General of the World Health Organization (WHO) announced a “public health emergency of international concern.” This is an extraordinary event which is determined, as provided in the *International Health Regulations* (2005) of the WHO: (i) to constitute a public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated international response.

1.2 On 6 May 2009, the Secretary General published an Electronic Bulletin EB 2009/13, drawing the attention of Directors-General of Civil Aviation to provisions of Annex 9 and the Procedures for Air Navigation Services – *Air Traffic Management* (PANS-ATM) that called for a harmonized response to the Influenza A (H1N1) outbreak.

1.3 On 11 May 2009, the ICAO Council met to discuss the implications of the outbreak for international civil aviation, particularly because of the apparent spread of the virus through air transport and the seemingly uncoordinated international response to the spread of the disease.

1.4 Following its discussions, the Council adopted a Declaration on Influenza A (H1N1) that was forwarded to Contracting States on 9 October 2009 by way of State Letter AN 5/17.4-09/75. Both the above-mentioned Electronic Bulletin and the State Letter are reproduced in FALP/6-IP/4, for information.

1.5 In addition to adopting the Declaration, the Council also requested the Secretary General to review the provisions of Annex 9 “to take account of some of the operational and enhancement issues that had been raised” at the meeting.

2. DISCUSSION

2.1 The “health-related” SARPs of Annex 9 are found in Chapter 2 (Entry and departure of aircraft), Chapter 3 (Entry and departure of persons and their baggage), Chapter 6 (International airports – Facilities and services for traffic) and Chapter 8 (Other facilitation provisions). These are complemented by Appendix 1 (General Declaration), Appendix 4 (Certificate of Residual Disinsection) and Appendix 13 (Public Health Passenger Locator Card).

2.2 Following the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak, ICAO has been involved in providing guidance to the aviation sector to assist in the development of pandemic preparedness plans on a global basis. In addition to amendments made to Annex 9, through Amendment 20 that became applicable in 2007, new provisions have been added to Annex 6 – *Operation of Aircraft*, Annex 11 – *Air Traffic Services* and Annex 14 – *Aerodromes: Volume I — Aerodrome Design and Operations*. In addition, guidance material on preparedness planning has been posted on the ICAO website.

2.3 During the May 2009 Council meeting, the following are some of the Annex 9-relevant issues that were raised with regard to the H1N1 outbreak: a) non-harmonized procedures for collection of information, in order to identify and trace potentially infected passengers, cause huge logistical problems for aircraft operators; b) global coordination and implementation of internationally-recommended procedures to deal with such outbreaks is essential; c) States need to adhere to the International Health Regulations (2005) of the WHO; and, d) States that impose health measures, additional to those recommended by the WHO in case of public health outbreaks, need to base these measures on scientific principles.

2.4 In taking account of the issues listed in paragraph 2.3, recent ICAO action on preparedness planning described in paragraph 2.2, and in order to further align the provisions of Annex 9 with the IHR (2005), the Secretariat proposes the following amendments, as set out in the Appendix, be made to Annex 9:

2.4.1 In Chapter 1, a new definition for “disinfection” should be inserted, and the definition of “disinsection” be revised. This will align the Annex 9 text with that of the IHR (2005) as closely as possible in relation to the civil aviation sector;

2.4.2 In Chapter 2: a) existing RP 2.4 should be split into two separate provisions: i) one part should be upgraded to a Standard, proscribing States from interrupting air transport services for health reasons unless action is taken in accordance with the IHR; and ii) the second part should be retained as an RP, but with the reference to the WHO deleted. The reason for this is that under the IHR (2005),

consultation with the WHO is not required in case air transport service suspension is being considered; and b) new Standards 2.5 and 2.5.1 should be inserted into Chapter 2, thereby reflecting a primary component of the Council's May 2009 Declaration and Article 43 of the IHR (2005);

2.4.3 In Chapter 3: minor editorial changes should be made to SARPs 3.30 and 3.56, *vis-à-vis* the IHR (2005); and,

2.4.4 In Chapter 8: a) an additional Note should be appended to Standard 8.15 to provide information on the recent changes to Annex 6 and Doc 4444; b) RP 8.15.1, regarding the Public Health Passenger Locator Card" should be upgraded to a Standard, thereby obliging Contracting States and aircraft operators to harmonize procedures for collection of information on potentially infected passengers and crew; c) an additional Note should be appended to Standard 8.16 to provide information on the recent changes to Annexes 11 and 14.

APPENDIX to FALP/6-WP/7

Amend Annex 9 as follows:

CHAPTER 1. DEFINITIONS AND GENERAL PRINCIPLES

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Disinfection. For the purposes of this Annex, the procedure whereby health measures are taken to control or kill infectious agents in or on affected parts of aircraft or containers, as required.

Disinsection. ~~The operation in which measures are taken to control or kill insects present in aircraft and in containers.~~ The procedure whereby health measures are taken to control or kill the insect vectors of human diseases present in aircraft, baggage, cargo, containers, goods and mail.

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Infected area. (for human health purposes) Defined as geographical areas where human and/or animal vector-borne diseases are actively transmitted, as reported by local or national public health authorities or by the World Health Organization.

Note.— A list of infected areas notified by health administrations is published in the World Health Organization's Weekly Epidemiological Record.

International airport. Any airport designated by the Contracting State in whose territory it is situated as an airport of entry and departure for international air traffic, where the formalities incident to customs, immigration, public health, animal and plant quarantine and similar procedures are carried out.

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Public authorities. The agencies or officials of a Contracting State responsible for the application and enforcement of the particular laws and regulations of that State which relate to any aspect of these Standards and Recommended Practices.

Public health emergency of international concern. An extraordinary event which is determined, as provided in the *International Health Regulations* (2005) of the World Health Organization: (i) to constitute a public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated international response.

Public health risk. A likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger.

CHAPTER 2. ENTRY AND DEPARTURE OF AIRCRAFT

A. General

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2.4 Recommended Practice.— ~~*In accordance with the International Health Regulations of the World Health Organization, Contracting States should*~~ shall not interrupt air transport services for health reasons, unless such action is taken in accordance with the International Health Regulations (2005) of the World Health Organization. ~~*In cases where, in exceptional circumstances, such service suspensions are under consideration, Contracting States should first consult with the World Health Organization and the health authorities of the State of occurrence of the disease before taking any decision as to the suspension of air transport services.*~~

2.4.1 Recommended Practice.— ~~*In accordance with the International Health Regulations of the World Health Organization, Contracting States should not interrupt air transport services for health reasons. In cases where, in exceptional circumstances, such air transport service suspensions are under consideration, Contracting States should first consult with the World Health Organization and the health authorities of the State of occurrence of the disease before taking any decision as to the suspension of air transport such services.*~~

2.5 If, in response to a specific public health risk or a public health emergency of international concern, a Contracting State implements health measures that are additional to those recommended under the International Health Regulations (2005) of the World Health Organization, such additional measures shall be based on scientific principles, available scientific evidence of risk to human health, and any available specific guidance from WHO.

2.5.1 If a Contracting State implements the additional health measures, referred to in paragraph 2.5, that significantly interfere with international air transport services, then such State should provide the World Health Organization the public health rationale and relevant scientific information for it.

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D. Disinsection of aircraft

2.22 Contracting States shall limit any routine requirement for the disinsection of aircraft cabins and flight decks with an aerosol while passengers and crews are on board, to same-aircraft operations originating in, or operating via, territories that they consider to pose a threat to their public health, agriculture or environment.

2.23 Contracting States that require disinsection of aircraft shall periodically review their requirements and modify them, as appropriate, in the light of all available evidence relating to the transmission of insects to their respective territories via aircraft.

2.24 When disinsection is required a Contracting State shall authorize or accept only those methods, whether chemical or non-chemical, and/or insecticides, which are recommended by the World Health Organization and are considered efficacious by the Contracting State.

Note.— This provision does not preclude the trial and testing of other methods for ultimate approval by the World Health Organization.

2.25 Contracting States shall ensure that their procedures for disinsection are not injurious to the health of passengers and crew and cause the minimum of discomfort to them.

2.26 Contracting States shall, upon request, provide to aircraft operators appropriate information, in plain language, for air crew and passengers, explaining the pertinent national regulation, the reasons for the requirement, and the safety of properly performed aircraft disinsection.

2.27 When disinsection has been performed in accordance with procedures recommended by the World Health Organization, the Contracting State concerned shall accept a pertinent certification on the General Declaration as provided for in Appendix 1 or, in the case of residual disinsection, the Certificate of Residual Disinsection set forth in Appendix 4.

2.28 When disinsection has been properly performed pursuant to 2.24 and a certificate as indicated in 2.27 is presented or made available to the public authorities in the country of arrival, the authorities shall normally accept that certificate and permit passengers and crew to disembark immediately from the aircraft.

2.29 Contracting States shall ensure that any insecticide or any other substance used for disinsection does not have a deleterious effect on the structure of the aircraft or its operating equipment. Flammable chemical compounds or solutions likely to damage aircraft structure, such as by corrosion, shall not be employed.

E. Disinfection of aircraft

2.30 Contracting States shall define the types of animals and products of animal origin which, when carried by air, require that the aircraft be disinfected and shall exempt aircraft from disinfection when such animals or animal products are carried in approved containers accompanied by formal certificates from health authorities. When aircraft disinfection is required, the following provisions shall apply:

- a) the application shall be limited solely to the container or to the compartment of the aircraft in which the traffic was carried;
- b) the disinfection shall be carried out expeditiously; and
- c) flammable chemical compounds or solutions likely to damage aircraft structure, such as by corrosion, or chemicals likely to damage the health of passengers, shall not be employed.

Note.— When aircraft disinfection is required for animal health reasons, only those methods and disinfectants recommended by the International Office of Epizootics should be used.

CHAPTER 3. ENTRY AND DEPARTURE OF PERSONS AND THEIR BAGGAGE

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H. Certificates of vaccination

3.30 In cases where evidence of protection against a quarantinable disease is required, Contracting States shall accept the International Certificate of Vaccination or Revaccination form prescribed by the World Health Organization in the International Health Regulations (2005).

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K. Entry procedures and responsibilities

3.56 **Recommended Practice.**— *Medical examination of persons arriving by air should normally be limited to those disembarking and coming within the incubation period of the disease concerned, as stated in the International Health Regulations (2005), from an infected area.*

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CHAPTER 6. INTERNATIONAL AIRPORTS — FACILITIES AND SERVICES FOR TRAFFIC

A. General

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6.1.3 Each Contracting State shall ensure that efficient customs, immigration, quarantine and health border clearance services, as required, are provided at international airports.

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C. Facilities required for implementation of public health, emergency medical relief, and animal and plant quarantine measures

6.35 Each Contracting State, in cooperation with airport operators, shall ensure the maintenance of public health, including human, animal and plant quarantine at international airports.

6.36 **Recommended Practice.**— Contracting States should ensure that there are, at or near all their major international airports, facilities and services for vaccination or revaccination, and for the delivery of the corresponding certificates.

6.37 **Recommended Practice.**— International airports should have available access to appropriate facilities for administration of public health and animal and plant quarantine measures applicable to aircraft, crew, passengers, baggage, cargo, mail and stores.

6.38 **Recommended Practice.**— Contracting States should ensure that passengers and crew in transit can remain in premises free from any danger of infection and insect vectors of diseases and, when necessary, facilities should be provided for the transfer of passengers and crew to another terminal or airport nearby without exposure to any health hazard. Similar arrangements and facilities should also be made available in respect of animals.

6.39 Each Contracting State shall ensure that handling and distribution procedures for consumable products (i.e. food, drink and water supplies) on board aircraft or in the airport are in compliance with the International Health Regulations (2005) and relevant guidelines of the World Health Organization, the Food and Agriculture Organization and national airport regulations.

6.40 Each Contracting State, in cooperation with airport and aircraft operators, shall ensure that a safe, sanitary and efficient system is instituted, at international airports, for the removal and disposal of all waste, waste water and other matters dangerous to the health of persons, animals or plants, in compliance with the International Health Regulations (2005) and relevant guidelines of the World Health Organization, the Food and Agriculture Organization and national airport regulations.

6.41 Each Contracting State, in cooperation with airport operators, shall ensure that international airports maintain facilities and services for first-aid attendance on site, and that appropriate arrangements are available for expeditious referral of the occasional more serious case to prearranged competent medical attention.

Note.— Consultation with the World Health Organization on all issues concerning passenger health is advisable.

D. Facilities required for clearance controls and operation of control services

6.42 Each Contracting State shall provide sufficient services of the public authorities concerned, without charge, during working hours established by those authorities.

Note 1.— Under Annex 15 — Aeronautical Information Services, States are obligated to publish the types and hours of clearance services (customs, immigration, health) at their international airports.

Note 2.— In addition to services referred to above, Contracting States, airport operators or aircraft operators may wish to offer enhanced services to users (passengers, aircraft operators and other parties that would benefit from the proposed premium service), either on a free or a fee-paid, voluntary basis. Where a fee will be assessed, it should be limited to that necessary to recover the cost for the service provided.

6.43 **Recommended Practice.**— *Each Contracting State should consider making arrangements with other States to station representatives of the public authorities concerned in its territory in order to pre-examine aircraft, passengers, baggage, crew, and cargo, for customs, immigration, public health and animal and plant quarantine purposes, prior to departure when such action will facilitate clearance upon arrival in those States.*

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CHAPTER 8. OTHER FACILITATION PROVISIONS

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E. Implementation of international health regulations and related provisions

8.12 Contracting States shall comply with the pertinent provisions of the *International Health Regulations* (2005) of the World Health Organization.

8.13 Contracting States shall take all possible measures to have vaccinators use the Model International Certificate of Vaccination or Prophylaxis, in accordance with Article 36 and Annex 6 of the *International Health Regulations* (2005), in order to assure uniform acceptance.

8.14 Each Contracting State shall make arrangements to enable all aircraft operators and agencies concerned to make available to passengers, sufficiently in advance of departure, information concerning the vaccination requirements of the countries of destination, as well as the Model International Certificate of Vaccination or Prophylaxis conforming to Article 36 and Annex 6 of the *International Health Regulations* (2005).

8.15 The pilot-in-command of an aircraft shall ensure that a suspected communicable disease is reported promptly to air traffic control, in order to facilitate provision for the presence of any special medical personnel and equipment necessary for the management of public health risks on arrival.

Note 1.— A communicable disease could be suspected and require further evaluation if a person has a fever (temperature 38°C/100°F or greater) that is associated with certain signs or symptoms: e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or, confusion of recent onset.

Note 2.— In the event of a case of suspected communicable disease on board an aircraft, the pilot-in-command may need to follow his operator's protocols and procedures, in addition to health-related legal requirements of the countries of departure and/or destination. The latter would normally be found in the Aeronautical Information Publications (AIPs) of the States concerned.

Note 3.— Annex 6 – Operation of Aircraft describes the “on board” medical supplies that are required to be carried on aircraft. The Procedures for Air Navigation Services – Air Traffic Management (Doc 4444) (PANS-ATM) detail the procedures to be followed by the pilot-in-command in communication with air traffic control.

8.15.1 **Recommended Practice.**— When a public health threat has been identified, and when the public health authorities of a Contracting State require information concerning passengers' and/or crews' travel itineraries or contact information for the purposes of tracing persons who may have been exposed to a communicable disease, that Contracting State ~~should~~ **shall** accept the “Public Health Passenger Locator Card” reproduced in Appendix 13 as the sole document for this purpose.

Note.— It is suggested that States make available adequate stocks of the Passenger Locator Card, for use at their international airports and for distribution to aircraft operators, for completion by passengers and crew.

F. Communicable disease outbreak national aviation plan

8.16 A Contracting State shall establish a national aviation plan in preparation for an outbreak of a communicable disease posing a public health risk or public health emergency of international concern.

Note.1— Guidance in developing a national aviation plan may be found on the ICAO website on the Aviation Medicine page.

Note 2.— Annex 11 – Air Traffic Services and Annex 14 — Aerodromes, Volume I — Aerodrome Design and Operations require air traffic services and aerodromes to establish contingency planning or aerodrome emergency plans, respectively, for public health emergencies of international concern.

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APPENDIX 1. GENERAL DECLARATION

297 mm (or 11 3/4 inches)

GENERAL DECLARATION (Outward/Inward)

Operator _____

Marks of Nationality and Registration _____ Flight No. _____ Date _____

Departure from _____ Arrival at _____
(Place) (Place)

FLIGHT ROUTING
(“Place” Column always to list origin, every en-route stop and destination)

PLACE	NAMES OF CREW*	NUMBER OF PASSENGERS ON THIS STAGE**
		<i>Departure Place:</i> Embarking Through on same flight
		<i>Arrival Place:</i> Disembarking Through on same flight

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever — temperature 38°C/100°F or greater — associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

Signed, if required, with time and date

Crew member concerned

For official use only

I declare that all statements and particulars contained in this General Declaration, and in any supplementary forms required to be presented with this General Declaration, are complete, exact and true to the best of my knowledge and that all through passengers will continue/have continued on the flight.

SIGNATURE
Authorized Agent or Pilot-in-command

Size of document to be 210 mm 297 mm (or 8 1/4 11 3/4 inches).
 ** To be completed when required by the State.
 ** Not to be completed when passenger manifests are presented and to be completed only when required by the State.

APPENDIX 4. CERTIFICATE OF RESIDUAL DISINSECTION

GOVERNMENT OF

CERTIFICATE OF RESIDUAL DISINSECTION

Interior surfaces, including cargo space, of this aircraft were treated with permethrin on
(aircraft registration) (date)

in accordance with the World Health Organization recommendations (WHO Weekly Epidemiological Record No. 7, 1985, p. 47; No. 12, 1985, p. 90; No. 45, 1985, pp. 345-346; and No. 44, 1987, pp. 335-336) and any amendments thereto.

The treatment must be renewed if cleaning or other operations remove a significant amount of the permethrin residue, and in any case within 8 weeks of the above date.

Expiry date:

Signed:

Designation:

Date:

APPENDIX 13. PUBLIC HEALTH PASSENGER LOCATOR CARD

PUBLIC HEALTH PASSENGER LOCATOR CARD																																													
<p>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.</p>																																													
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<p>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.</p> <p>a. Name</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 50%; height: 20px;"></td> <td style="border: 1px solid black; width: 50%; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">Family Name</td> <td style="font-size: 8px;">Given Name(s)</td> </tr> </table> <p>b. Telephone Number</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 40%; height: 20px;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">Country Code</td> <td style="font-size: 8px;">Area Code</td> <td style="font-size: 8px;">Phone Number</td> <td style="font-size: 8px;">E-mail address</td> </tr> </table> <p>c. Address</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 45%; height: 20px;"></td> <td style="border: 1px solid black; width: 25%; height: 20px;"></td> <td style="border: 1px solid black; width: 30%; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">Street Name and Number</td> <td style="font-size: 8px;">City</td> <td style="font-size: 8px;">State/Province</td> </tr> <tr> <td style="border: 1px solid black; width: 45%; height: 20px;"></td> <td style="border: 1px solid black; width: 10%; height: 20px;"></td> <td style="border: 1px solid black; width: 45%; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">Country</td> <td colspan="2" style="font-size: 8px;">ZIP/Postal Code</td> </tr> </table>					Family Name	Given Name(s)					Country Code	Area Code	Phone Number	E-mail address				Street Name and Number	City	State/Province				Country	ZIP/Postal Code																				
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<p>7. Are you traveling with anyone else? YES/NO Circle appropriate response. If so, who? (name of Individual(s) or Group)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 50%; height: 20px;"></td> <td style="border: 1px solid black; width: 50%; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 50%; height: 20px;"></td> <td style="border: 1px solid black; width: 50%; height: 20px;"></td> </tr> </table>																																													