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)

PERSONAL INFORMATION:
5. Last (Family) Name
6. First (Given) Name
7. Middle Initial

8. Your sex: Male ☐ Female ☐ Other ☐
9. Nationality
10. Date of Birth (yyyy/mm/dd)

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

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.

22. Hotel name (if any)
23. Number and street *(Separate number and street with blank box)*
24. Apartment number
25. City
26. State/Province
27. Country
28. ZIP/Postal Code

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 21 days.

29. Last (Family) Name
30. First (Given) Name
31. City
32. Country
33. Email
34. Mobile phone
35. Other phone

36. 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)				

37. TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any).

	Last (Family) Name	First (Given) Name	Group *(tour, team, business, other)*
(1)			
(2)			

Note.— The Public Health Passenger Locator Form can be downloaded at:

http://www.icao.int/safety/aviation-medicine/Pages/guidelines.aspx or https://www.icao.int/safety/CAPSCA/Pages/ICAO-References.aspx

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