**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 cruise. 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.***

**CRUISE INFORMATION: 1. Cruise line name & 2. Cruise ship name 3. Cabin Number 4. Date of disembarkation (yyyy/mm/dd)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2** | **0** |  |  |  |  |  |  |

**PERSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex**

**Male Female**

**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 *(Separate number and street with blank box)* 15. Apartment number**

**16. City 17. State/Province**

**18. Country 19. ZIP/Postal code**

**TEMPORARY ADDRESS: If in the next 14 days you will not be staying at the permanent address listed above, write the places where you will be staying.**

**20. Hotel name (if any) 21. Number and street *(Separate number and street with blank box)* 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 Cabin 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** *(tour, team, business, other)*

(1) (2)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |