**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 ground-transport vehicle. 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.***

**BUS-TRAIN INFORMATION: (to be completed by bus/train passengers only)**

**1.Bus/Train Carrier 2. Bus/Train/Car Plate Number 3. Carriage Number 4. Seat Number 5. Date of travel/entrance in the country (yyyy/mm/dd)**

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**PERSONAL INFORMATION:**

**6. Last (Family) Name 7. First (Given) Name 8. Middle Initial 9. Your sex 10. Age (years)**

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**PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.**

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**11. Mobile 12. Business**

**13. Home 14. Other**

**15. Email address**

**PERMANENT ADDRESS\*:**

**16. Country 17. State/Province**

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

**20. Number and street (Separate number and street with blank box) 21. Apartment number**

**\*22. if in the previous 14 days you have stayed in a country (not transit) other than your permanent address, declare below the name of country/countries:**

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

**23. Country 1 24. State/Province 1**

**25. City 1 26. ZIP/Postal code 1**

**27. Hotel name 1 (if any) 28. Number and street 1 *(Separate number and street with blank box) 29*. Apartment number 1**

**30. Country 2 31. State/Province 2**

**32. City 2 33. ZIP/Postal code 2**

**34. Hotel name 2 (if any) 35. Number and street 2 *(Separate number and street with blank box) 36*. Apartment number 2**

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

**37. Last (Family) Name 38. First (Given) Name 39. Country**

**40.** **City 41. Email**

**42. Mobile phone 43. Other phone**

**44. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years**

**Last (Family) Name First (Given) Name Seat number Age <18**

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**45. 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)*

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