

Date of form completion: (yyyy/mm/dd)

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Public Health Passenger/Crew 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/crew member. 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 <input type="checkbox"/> Female <input type="checkbox"/>	

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)			