Public Health Passenger/Ceru Locator Form: To protect your health, public health officers need you to complete this form whether which you will not be staying at the permanent address fisted above, write the places where you will be staying. PRONONALINFORMATION: 3. 1. Cruise line name & 2. Cruise ship name 2. Cruise ship name 3. Cabin Number 4. Date of discensivation is important to fill out this form completely and accurately. Your informations is interded to be below the public health purposes. CRUISE INFORMATION: 1. Cruise line name & 2. Cruise ship name 3. Cabin Number 4. Date of discensivation in your mindle process. CRUISE INFORMATION: 1. Cruise line name & 2. Cruise ship name 5. First (Given) Name 7. Middle Initial 8. Your sex Male Female PRONON LINFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex Male Female PRONON LINFORMATION: 5. Last (Family) Name 13. Email address 14. Number and street (Separate number and street with blank box) 15. Apartment number 16. City 17. State/Province 18. Country 18. Country 28. A State/Province 29. City 24. State/Province 29. City 29. City 20. City 30. Country 31. Email 32. Mobile phone 33. Other phone 33. Other phone 34. TRAVEL COMPANIONS – FAMILY: Also include name of group (iff any) 35. TRAVEL COMPANIONS – FAMILY: Also include name of group (iff any) 35. TRAVEL COMPANIONS – FAMILY: Also include name of group (iff any) 35. TRAVEL COMPANIONS – FAMILY: Also include name of group (iff any) 36. Travel (COMPANIONS – FAMILY: Also include name of group (iff any) 37. TRAVEL COMPANIONS – FAMILY: Also include name of group (iff any) 38. TRAVEL COMPANIONS – FAMILY: Also include name of group (iff any) 39. TRAVEL COMPANIONS – FAMILY: Also include name of group (iff any) 30. TRAVEL COMPANIONS – FAMILY: Also include name of group (iff any) 30. TRAVEL COMPANIONS – FAMILY: Also include name of group (iff any) 39. TRAVEL COMPANIONS – FAMILY: Also include name of group (iff any)																							ي	Date	e of f	forn	n con	nple	etior	1: (·	уууу	<u>/m</u> m/	dd)	
they suspect a communicable disease on barrant a cruite. Your information will help public health officers to contact youlf you were exposed to a communicable disease. It is important to fill out his form completed and accurately. Your information is intended to be held in a scordance 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 famility/rew member. Print in capital (JUPPERCASE) letters. Leave blank boxes for spaces. CRUSE INFORMATION: 1. Cruise line name & 2. Cruise ship name 3. Cabin number 4. Date of disembiration (psynthmidol) 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 11. Home 12. Other 13. Email address 14. Number and street (Separate number and street with blank box) 15. Apartment number 16. City 17. State/Province 18. Country 19. 2IP/Postal code 16. City 21. Number and street (Separate number and street with blank box) 22. Apartment number 23. City 24. State/Province 24. State/Province 25. Country 26. City																								2	0									
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