

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)
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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)		