

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)			