

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 flight. 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.

FLIGHT INFORMATION: 1. Airline name 2. Flight number 3. Seat number 4. Date of arrival (yyyy/mm/dd) 20

PERSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex Male Female
 9. Nationality 10. Date of birth (yyyy/mm/dd) 11. Personal number or ID number

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

12. Mobile 13. Business
 14. Home 15. Other
 16. Email

PERMANENT ADDRESS: 17. Number and street (Separate number and street with blank box) 18. Apartment number
 19. City 20. State/Region/ Voivodeship 21. District/ Powiat
 22. Commune 23. ZIP/Postal code 24. Country

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying

25. Hotel name (if any) 26. Number and street (Separate number and street with blank box) 27. Apartment/room number
 28. City 29. State/Region/ Voivodeship 30. District/ Powiat
 31. Commune 32. ZIP/Postal code 33. Country

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

34. Last (Family) Name 35. First (Given) Name 36. City
 37. Country 38. Email

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

	Last (Family) Name	First (Given) Name	Seat number	Age <18
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

40. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)

	Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
3)	<input type="text"/>	<input type="text"/>	<input type="text"/>