

PASSENGER/CREW LOCATOR FORM – CRUISE SHIPS

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 ship. 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)

PERSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex 9. Age (years)

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code. 10. Mobile 11. Business 12. Home 13. Other 14. Email address

PERMANENT ADDRESS*: 15. Country 16. State/Province 17. City 18. ZIP/Postal code 19. Number and street (Separate number and street with blank box) 20. Apartment number

*21. if in the previous 14 days you have stayed in a country (not transit) other than your permanent address, declare below the name of country/countries:

TEMPORARY ADDRESS: If at any time during the next 14 days you will not be staying at the permanent address listed above, write the places where you will be staying. 22. Country 1 23. State/Province 1 24. City 1 25. ZIP/Postal code 1 26. Hotel name 1 (if any) 27. Number and street 1 (Separate number and street with blank box) 28. Apartment number 1 29. Country 2 30. State/Province 2 31. City 2 32. ZIP/Postal code 2 33. Hotel name 2 (if any) 34. Number and street 2 (Separate number and street with blank box) 35. Apartment number 2

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36. 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)																				

37. TRAVEL COMPANIONS – NON-FAMILY/NON-SAME HOUSEHOLD: Also include name of group (if any)

Last (Family) Name

First (Given) Name

Group (tour, team, business, other)

(1)																				
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(2)																				
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To be completed by CREW only:

38. Working sector on board:

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39. Co-habitants in cabin:

Last (Family) Name

First (Given) Name

(1)																				
(2)																				
(3)																				
(4)																				

