

Public Health Passenger Locator Form: To protect your health the public health officials, you should fill out this form whenever there is a suspect for infectious airborne illnesses and / or you come from a country where there is an epidemic of an infectious disease. Your information will help the public health officials to contact you if you are exposed to a contagious disease. It is important to fill out this form completely and accurately. Your information is held in accordance with applicable laws and is used for public health purposes only.
 ~ Thank you for helping us to protect your health.

One form should be filled out by an adult member of each family. Leave blank box for spaces.

Flight info:

1. Name of company										2. No. of flight			3. No. of seat			4. Arrival date (dd/mm/yy)			
																2 0			

Personal information:

5. Surname										6. Name										7. Initial of middle name			8. Sex	
																							m <input type="checkbox"/> f <input type="checkbox"/>	

Phone numbers that you would be available if necessary. Including country code and city code.

9. Mobile										10. Work									
11. Home										12. Other									
13. Email address																			

Permanent address:

14. Street and number (separate with empty box)															15. No. of apartment				
16. City										17. State/province									
18. Country										19. Postal code									

Temporary address: If you are a visitor name the first place where you will stay.

20. Name of hotel (if any)										21. Street and number (separate with empty box)										22. No. of apartment/room				
23. City										24. State/province														
25. Country										26. Postal code														

Contact information (in case of emergency) by someone who can contact you in the next 30 days

27. Surname										28. Name										29. City									
30. Country										31. E-mail																			
32. Mobile phone										33. Other phone																			

34. FELLOWTRAVELLERS – MEMBERS OF FAMILY: Includes only minors (under 18 years)

	Surname	Name	No. of seat	Age <18
(1)				
(2)				
(3)				
(4)				

35. FELLOWTRAVELLERS – NOT MEMBERS OF THE FAMILY: Include the name of the group (if any)

	Surname	Name	Group (toursit,team, etc)
(1)			
(2)			