## APPENDIX 13. PUBLIC HEALTH PASSENGER LOCATOR FORM

Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease on-board 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.

PLEAST INFORMATION   A Affice name   2 Fight number   3 Seat number   4 Date of arrival (typyymmod)   2 0 12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	ADDIEST ADDIEST TO SEARCH FORMATION SERVED AND ADDIEST TO SEARCH FORMATION ADDIEST TO SEARCH FORMATION ADDIEST SEAR	One form should be completed by an adult member of each family. Print in capital (UF	PERCASE) lefters. Leave blank boxes fo	r spaces.		
S H A Q M A  PHONE NUMBERIS; where you can be reached in needed include country code and city code.  A Motive  T 2 3 D 5 7 1 1 1 1 0 0 10 Bus mess  S Motive  T 2 3 D 5 7 1 1 1 1 0 0 10 Bus mess  S Motive  T 2 3 D 5 7 1 1 1 1 0 0 10 Bus mess  S Motive  T 2 3 D 5 7 1 1 1 1 0 0 10 Bus mess  S Motive  T 2 3 D 5 7 1 1 1 1 0 0 11 9 9 7 9 9 9 9 9 0 9 1 0 0 0 0 0 0 0 0 0 0 0 0	CONCE NUMBER STONE WAS READ TO SET TO	FLIGHT INFORMATION: 1. Aidine name	2. Flight number	3. Seat number		
Mobile	Mobile + 2 3 0 5 1 1 1 0 0 10 Business 12 Citier	a most (r array) i romo	CONTROL OF THE CONTRO	7. ISL L		
S. F. F. F. S. F. F. S.	City  Country  Countr	9. Meble + 23 057111100 11. Home + 23 0588 05187	10. Business 12. Other	8 7 @ 9 m c	P \ O C Or	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A H M E D A B A D  8. Country  19. ZIP-Postal Code  3. 8 2 3 2 5  EMPORARY ADDRESS. If you are a visitor, write only the first place where you will be staying  10: Hotel name (if any)  21. Number and street (iSeparate number and street with blank box)  22. Apartment number  23. City  24. State Province  3. City  26. ZIP-Postal Code  17. C A R A N D A S A V E N U E  3. City  26. ZIP-Postal Code  17. C O R A N D A S A V E N U E  3. City  26. ZIP-Postal Code  17. C O R A N D A S A V E N U E  3. City  3. City  3. City  3. City  3. City  4. State Province  3. City  5. Country  26. ZIP-Postal Code  17. C U A T R E  5. C O R A N D A S A V E N U E  5. Country  27. Apartment number  28. First (Given) Name  29. City  31. Email  51. A A R M A  52. City  53. City  54. A R M A  55. C O R A N D A S A V E N U E  56. Country  27. Apartment number  28. First (Given) Name  29. City  51. T A Y B D W A T R E B O R  52. City  53. C Tity  54. T Ravel COMPANIONS — FAMILY. Only include age if younger than 18 years.  56. C Gardy Name  57. A R A S A V E N U 2 O D 3 E Y O  58. C R S A S A S A S A S A S A S A S A S A S	Country  19 ZIP-Postal Code  3 8 2 3 2 6  MPORAY ADDRESS: If you are a visitor, write only the first place where you will be staving Hotel name (if any)  21 Number and steet (Speratae number and steet with blank ton)  22 Apartment number  23 A V E N U E  City  24 Static-Province  Country  25 ZIP-Postal Code  7 2 2 U 9  PROSENCY CONTACT INFORMATION of someone who cen reach you during the next 30 days.  Last Frankly Name  28 First (Given) Name  29 City  19 ZIP-Postal Code  20 ZIP-Postal Code  20 ZIP-Postal Code  20 ZIP-Postal Code  21 SIP-Postal Code  22 ZiP-Postal Code  23 City  24 Static-Province  25 ZIP-Postal Code  26 ZIP-Postal Code  27 ZiP-Postal Code  28 First (Given) Name  29 City  19 ZITI V S  Mocile phone  29 Sip III V S  Mocile phone  20 Sip III V S  Mocile phone  21 Sip III V S  Mocile phone  22 Sip III V S  Mocile phone  23 Sig III V S  Mocile phone  24 Sig III V S  Mocile phone  25 Sip III V S  Mocile phone  26 Zip-Postal Code  27 Zip-Postal Code  28 City  19 Zip-Postal Code  29 Zip-Postal Code  20 Zip-Postal Code  21 Zip-Postal Code  22 Zip-Postal Code  23 City  24 Zip-Postal Code  25 Zip-Postal Code  26 Zip-Postal Code  27 Zip-Postal Code  28 Zip-Postal Code  29 Zip-Postal Code  29 Zip-Postal Code  20 Zip-Postal					ent number
TEMPORARY ADDRESS. If you are a visitor, write only the first place where you will be staying 21. Number and street with blank box?  22. Apartment number 33. City 24. State Province  33. City 24. State Province  34. State Province  35. Country 26. ZIPPostal Code  36. ZIPPostal Code  37. Last Family Name  38. P. T. T. T. V. S.  39. City 31. Email  39. Country 3	MPORARY ADDRESS. If you are a visitor, write only the first place where you will be staying Hotel name (if any)  21. Number and street with plank box.  22. Apartment number  City  24. State-Province  Country  NA URTTUS  ERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days Last [Family] Name  28. First (Given) Name  29. City  31. Email  51. A V R N U R R R R R R R R R R R R R R R R R				RAT	
21. Number and street (Separate number and street with blank box)  22. Apartment number and street with blank box)  23. City  24. State/Province  25. Country  26. ZIP/Postal Code  27. Last (Family) Name  28. First (Given) Name  29. City  20. Country  31. Email  32. Mercike phone  33. Citer phone  33. Citer phone  34. TRAVEL COMPANIONS — FAMILY. Only include age if younger than 18 years.  25. ITRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any)  26. TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any)  27. Last (Family) Name  28. First (Given) Name  29. City  29. City  20. Country  31. Email  32. City  33. Citer phone  42. 3. 0. 5. First (Given) Name  33. Citer phone  42. 3. 0. 5. First (Given) Name  34. TRAVEL COMPANIONS — FAMILY: Also include name of group (if any)  26. Itravel. Companions — First (Given) Name  39. City  30. City  30. City  31. Email  31. Email  32. City  33. City  34. TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any)  39. City  30. City  30. City  30. City  31. Email  31. Email  32. City  33. City  34. TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any)  39. City  40. City  41. City  42. City  43. City  44. City  45. City  46. City  47. City  47. City  47. City  48. City  49. City  40. City  40. City  40. City  40. City  40. City  40. City  41. City  41. City  42. City  43. City  44. City  45. City  46. City  47. City  47. City  47. City  47. City  48. City  49. City  49. City  40. City  41. City  41. City  42. City  42. City  43. City  44. City  45. City  46. City  47. City  47. City  47. City  47. City  48. City  49. City  49. City  40. City  41. City  41. City  42. City  43. City  44. City  45. City  46. City  47. City  47. City  47. City  47. City  48. City  49. City  49. City  40. City  4	TRAVEL COMPANIONS — NON-FAMILY. Also include name of group (if any)  21. Number and street with blank box)  22. Apartment number  23. A V R N U R N U R N R R R R R R R R R R R R	ATONT				
S. Country  MRGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days  T. Last (Family) Name  S. A. R. M. A. R. M. A. S. A. R. M. A. M. A. S. A. R. M. A. M. A. R. M. M. A. R. M. M. A. R. M. M. A. R. M. A. R. M.	Country  Cou	0: Hotel name (if any) 21 Number and street	Separate number and street with blank b		- your -	ent number
MERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days  7. Last (Family) Name  28. First (Given) Name  29. City  S.A.N.J.A.Y.  10. Country  MARCEL COMPANIONS — FAMILY. Only include age if younger than 18 years.  29. City  31. Email  S.A.N.J.A.Y.  32. Mobile phone  33. Other phone  33. Other phone  34. TRAVEL COMPANIONS — FAMILY. Only include age if younger than 18 years.  29. City  S.A.N.J.A.Y.  30. S.A.N.J.A.Y.  31. Email  S.A.N.J.A.Y.  S.A.N.J.A	ERGENCY CONTACT INFORMATION of someone who can reach you during the next 39 days  Last (Family) Name  28 First (Given) Name  29 City  A P P P P P P P P P P P P P P P P P P			State/Province		
A Last (Family) Name   28. First (Given) Name   29. City   0.0 ATRE BOR.	Last Family Name  28. First (Given) Name  29. Country  31. Email  APURTTIVS  MOURTTIVS  33. Citner phone  42.3 0.5 7+1 1 1 1 0 0	MAURITIUS				
MAURITIVS  31 Email  Sanjay Ven v2003 @ y a  2 Mobile phone  33. Other phone  42305 8805 187  4. TRAVEL COMPANIONS — FAMILY. Only include age if younger than 18 years.  ast (Family) Name  First (Given) Name  Seal number Age <18  33. Other phone  4. TRAVEL COMPANIONS — FAMILY. Only include age if younger than 18 years.  ast (Family) Name  First (Given) Name  Seal number Age <18  33. Other phone  First (Given) Name  First (Given) Name  Seal number Age <18  34. TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any)  ast (Family) Name  First (Given) Name  Group (four, feem, business other)	Country  APURDTDUS  Mobile phone  33. Other phone  33. Other phone  23. O 5 7 1 1 1 1 0 0 7 2 3 0 5 8 8 0 5 1 8 7  TRAVEL COMPANIONS — FAMILY. Only include age if younger than 18 years.  4 (Family) Name  First (Given) Name  First (Given) Name  First (Given) Name  Group (Krun. Leam, Business other)	7. Last (Family) Name 28	First (Given) Name		ATRE	30 8.
2 Modile phone  1 2 3 0 5 7 1 1 1 1 0 0 7 2 3 0 5 8 8 0 5 1 8 7  4 TRAVEL COMPANIONS — FAMILY. Only include age if younger than 18 years.  ast (Family) Name  First (Given) Name  Seal number Age <18  (Family) Name  First (Given) Name  First (Given) Name  Seal number Age <18  (Family) Name  First (Given) Name  First (Given) Name  Group (four, feam, business other)	Modile phone  33. Other phone  23057111000 23058805183  TRAVEL COMPANIONS – FAMILY. Only include age if younger than 18 years.  If (Given) Name  Seal number Age <18  First (Given) Name  Group (four, team, business, other)  First (Given) Name  First (Given) Name  Group (four, team, business, other)					
### TRAVEL COMPANIONS — FAMILY. Only include age if younger than 18 years.  ast (Family) Name	TRAVEL COMPANIONS — FAMILY. Only include age if younger than 18 years.  If Femily) Name  First (Given) Name  Seal number Age <18  First (Given) Name  TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any)  If (Family) Name  First (Given) Name  First (Given) Name  Group (four, team, business, other)		Other phone			,
Set (Family) Name  First (Given) Name  Seal number Age <18  O  The seal number Age <18  The	t (Family) Name  First (Given) Name  Seal number Age <18  Seal number Age <18  TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any)  It (Family) Name  First (Given) Name  Group (fixer, fearn, business, other)		23058805	5187		
5. TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any) ast (Family) Name  First (Given) Name  Group (four, feam, business, other)	t (Family) Name First (Given) Name Group (Icun. Icam, business, other)	æt (Family) Name	First (Given) Name		Seal number	Age <18
5. TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any) ast (Family) Name First (Given) Name Group (tous, texm, business, other)	t (Family) Name First (Given) Name Group (Icun. Icam, business, other)					
ast (Family) Name First (Given) Name Group (Ioun, Ieam, business, other)	t (Family) Name First (Given) Name Group (Icun. Icam, business, other)					
est (Family) Name First (Given) Name Group (Ioun, Ieam, business, other)	t (Family) Name First (Given) Name Group (Icun. Icam, business, other)					
(b) Study (with least, business, other)	Stoup jeun (e-91), Business, other)	5. TRAVEL COMPANIONS — NON-FAMILY: Also include name of group (if any)				-
	Note — The Public Health Passenger Locator Form can be flawnloaded at		First (Given) Name		Group (tour, team, business,	other)
	Note — The Public Health Passenger Locator Form can be downloaded at	8				
		Note - The Public Health Passenger Locator Form	can be downloaded at			
Note — The Public Health Passenger Locator Form can be downloaded at <a href="http://www.icao.int/safety/avfation-medicine/Pages/guidelines.aspx">http://www.icao.int/safety/avfation-medicine/Pages/guidelines.aspx</a> or <a href="http://www.capsca.org">http://www.capsca.org</a> CAPSCARets.html						

-END-