

APPENDIX 13. PUBLIC HEALTH PASSENGER LOCATOR CARD

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<p>Public Health Passenger Locator Card to be completed when public health authorities suspect the presence of a communicable disease. The information you provide will assist the public health authorities to manage the public health event by enabling them to trace passengers who may have been exposed to communicable disease. The information is intended to be held by the public health authorities in accordance with applicable law and to be used only for public health purposes.</p>																																																		
Flight Information																																																		
<p>1. Airline and Flight Number</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Airline</td> <td colspan="7" style="text-align: center;">Flight Number</td> </tr> </table>									Airline	Flight Number							<p>2. Date of arrival</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">DD</td> <td style="text-align: center;">MM</td> <td colspan="5" style="text-align: center;">YYYY</td> </tr> </table>									DD	MM	YYYY					<p>3. Seat Number where you actually sat on the aircraft</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> </tr> </table>																	
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<p>4. Name</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center;"> </td> <td style="width: 50%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Family Name</td> <td style="text-align: center;">Given Name(s)</td> </tr> </table> <p>Your Current Home Address (including country)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border: 1px solid black; text-align: center;"> </td> <td style="width: 30%; border: 1px solid black; text-align: center;"> </td> <td style="width: 30%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Street Name and Number</td> <td style="text-align: center;">City</td> <td style="text-align: center;">State/Province</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 50%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Country</td> <td style="text-align: center;">-</td> <td style="text-align: center;">ZIP/Postal Code</td> </tr> </table> <p>Your Contact Phone Number (Residential or Business or Mobile)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Country code</td> <td style="text-align: center;">Area code</td> <td colspan="2" style="text-align: center;">Phone Number</td> <td colspan="9" style="text-align: center;">E-mail address</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center;"> </td> <td style="width: 50%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Passport or Travel Document Number</td> <td style="text-align: center;">Issuing Country/Organization</td> </tr> </table>						Family Name	Given Name(s)				Street Name and Number	City	State/Province					Country	-	ZIP/Postal Code														Country code	Area code	Phone Number		E-mail address											Passport or Travel Document Number	Issuing Country/Organization
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<p>5. Address and phone number where you can be contacted during your stay or, if visiting many places, your cell phone and initial address</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border: 1px solid black; text-align: center;"> </td> <td style="width: 30%; border: 1px solid black; text-align: center;"> </td> <td style="width: 30%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Street Name and Number</td> <td style="text-align: center;">City</td> <td style="text-align: center;">State/Province</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 50%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Country</td> <td style="text-align: center;">-</td> <td style="text-align: center;">ZIP/Postal Code</td> <td style="text-align: center;">Telephone Number (including country code) or mobile phone number</td> </tr> </table>							Street Name and Number	City	State/Province					Country	-	ZIP/Postal Code	Telephone Number (including country code) or mobile phone number																																	
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<p>6. Contact information for the person who will best know where you are for the next 31 days, in case of emergency or to provide critical health information to you. Please provide the name of a close personal contact or a work contact. This must NOT be you.</p> <p>a. Name</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center;"> </td> <td style="width: 50%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Family Name</td> <td style="text-align: center;">Given Name(s)</td> </tr> </table> <p>b. Telephone Number</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Country Code</td> <td style="text-align: center;">Area Code</td> <td colspan="2" style="text-align: center;">Phone Number</td> <td colspan="9" style="text-align: center;">E-mail address</td> </tr> </table> <p>c. Address</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border: 1px solid black; text-align: center;"> </td> <td style="width: 30%; border: 1px solid black; text-align: center;"> </td> <td style="width: 30%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Street Name and Number</td> <td style="text-align: center;">City</td> <td style="text-align: center;">State/Province</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 50%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Country</td> <td style="text-align: center;">-</td> <td style="text-align: center;">ZIP/Postal Code</td> </tr> </table>						Family Name	Given Name(s)														Country Code	Area Code	Phone Number		E-mail address												Street Name and Number	City	State/Province					Country	-	ZIP/Postal Code				
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<p>7. Are you traveling with anyone else? YES/NO Circle appropriate response. If so, who? (name of Individual(s) or Group)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center;"> </td> <td style="width: 50%; border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table>																																																		