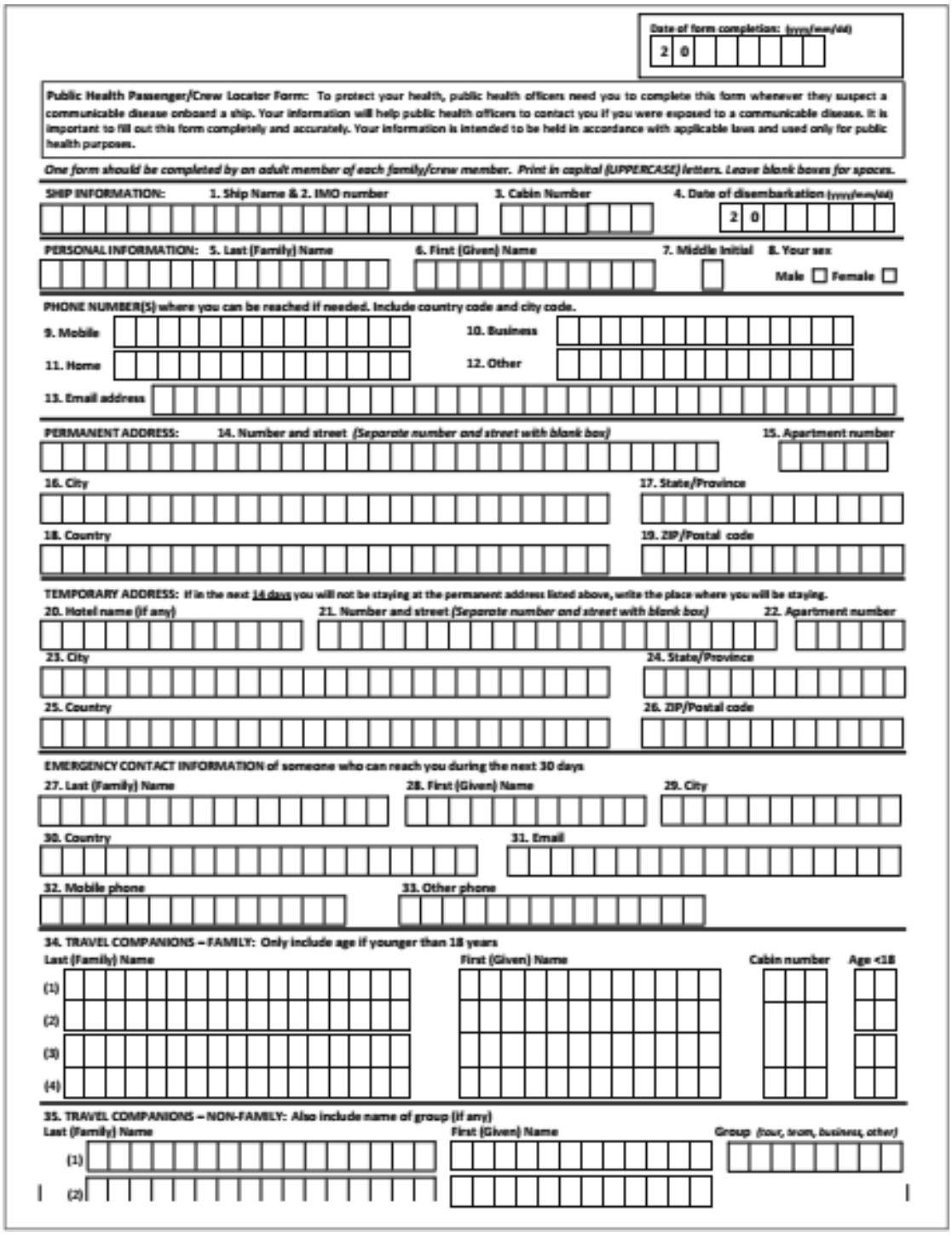
Allegato 5
Annex 5



Date of form completion: (yyyy/mm/dd) 2 0

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 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.

One form should be completed by an adult member of each family/crew member. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

SHIP INFORMATION: 1. Ship Name & 2. IMO number | 3. Cabin Number | 4. Date of disembarkation (yyyy/mm/dd) 2 0

PERSONAL INFORMATION: 5. Last (Family) Name | 6. First (Given) Name | 7. Middle Initial | 8. Your sex: Male ☐ Female ☐

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

9. Mobile | 10. Business
11. Home | 12. Other
13. Email address

PERMANENT ADDRESS: 14. Number and street *(Separate number and street with blank box)* | 15. Apartment number
16. City | 17. State/Province
18. Country | 19. ZIP/Postal code

TEMPORARY ADDRESS: If in the next 14 days you will not be staying at the permanent address listed above, write the place where you will be staying.

20. Hotel name (if any) | 21. Number and street *(Separate number and street with blank box)* | 22. Apartment number
23. City | 24. State/Province
25. Country | 26. ZIP/Postal code

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

27. Last (Family) Name | 28. First (Given) Name | 29. City
30. Country | 31. Email
32. Mobile phone | 33. Other phone

34. 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)				

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

	Last (Family) Name	First (Given) Name	Group *(tour, team, business, other)*
(1)			
(2)			