

Allegato 5
Annex 5

Date of form completion: (yyyy/mm/dd)			
2 0			
<p>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.</p> <p><i>One form should be completed by an adult member of each family/crew member. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.</i></p>			
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 <input type="checkbox"/> Female <input type="checkbox"/>			
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
(1)			
(2)			
(3)			
(4)			
35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)			
Last (Family) Name		First (Given) Name	Group (tour, train, business, other)
(1)			
(2)			

