

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.																							
<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>																							
SHIP INFORMATION: 1. Ship Name & 2. IMO number 3. Cabin Number 4. Date of disembarkation (yyyy/mm/dd)																							
PERSONAL INFORMATION: 5. Last (Family) Name 6. First (Given) Name 7. Middle Initial 8. Your sex																							
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																							
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Last (Family) Name</th> <th style="width: 45%;">First (Given) Name</th> <th style="width: 15%;">Cabin number</th> <th style="width: 25%;">Age <18</th> </tr> </thead> <tbody> <tr> <td>(1) </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(2) </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(3) </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(4) </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Last (Family) Name	First (Given) Name	Cabin number	Age <18	(1)				(2)				(3)				(4)			
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35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)																							
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