

**PASSENGER HEALTH LOCATOR FORM**

As a precautionary measure in response to COVID-19, Government Health Offices require information to be collected. The information required will be used only in accordance with applicable laws. Please fill out completely and accurately. A parent/guardian may complete the form for their children.

**FLIGHT NO. PR** \_\_\_\_\_ **SEAT NO.** \_\_\_\_\_

**DATE OF ARRIVAL** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                                    yyyy                                    /                                    m m                                    /                                    d d

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**NAME:**

**Last (Family) Name** \_\_\_\_\_

**First (Given) Name** \_\_\_\_\_

**Middle Name (if available)** \_\_\_\_\_

**Others** \_\_\_\_\_

For passengers traveling with family members with same address and contact details, please indicate all family members at the back of this form.

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**ADDRESS:**  
(If visitor, include your Temporary Address. If citizen or Resident- Include accommodation/hotel/ Permanent Address)

**Number and Street** \_\_\_\_\_

**City** \_\_\_\_\_

**State/Province** \_\_\_\_\_

**Zip/Postal Code** \_\_\_\_\_

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**PRIMARY CONTACT PHONE / MOBILE NUMBER**  
(Include country code)

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**SECONDARY CONTACT PHONE / MOBILE NUMBER**  
(Include country code)

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**EMAIL ADDRESS**

- \_\_\_\_\_
- This confirms that I did not originate from, transfer from, or transit through any location in mainland China, Hong Kong, Macau or Taiwan in the past 14 days.
  - I have been in the People's Republic of China or Hong Kong, or Macau or Taiwan in the past 14 days (whether originating from, transferred from, or transited through). Dates of travel to People's Republic of China, Hong Kong, Macau or Taiwan - \_\_\_\_\_.

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**(Signature Over Printed Full Name)**

By affixing my signature, I attest to the truth and veracity of the above information. I understand the need for the collection of the data and consent thereto.