APPENDIX E PUBLIC HEALTH PASSENGER/CREW MEMBER CONTACT CARD

Feidhmeannacht au Seidhkiu Stäinte Health Service Executive
Public Health Passenger Contact Card
In accordance with Infectious disease (shipping) regulations, S.I. No 4, 2008, please complete the following:
SHIP INFORMATION
Name of ship Date of arrival DD/MM/YY
Port
PERSONAL INFORMATION
Last name First name
Date of Birth Age Sex M F
CONTACT DETAILS
Mobile/cell Country code Prefix Phone Number
Email:
Home address
Contact address(es) in Ireland (if different from above)