



Request For Travel Information

Please complete one form per trip and per family.

Grey Bruce Health Unit
101 17th Street East
Owen Sound, Ont., N4K 0A5
Phone #: 519-376-9420 or 1-800-263-3456
Fax #: 519-376-7782

OFFICE USE ONLY:
Date received at Health Unit: _____
NOCUD: _____
(Review PHIPA statement on back of form when taking information over the phone and initial)
Package completed by:
_____ on _____

This service is for residents of Grey and Bruce Counties only.

Traveller #1 **Name:** _____
 Male **Female** **Birth date:** _____

Traveller #2 **Name:** _____
Same household only **Male** **Female** **Birth date:** _____

Traveller #3 **Name:** _____
Same household only **Male** **Female** **Birth date:** _____

Traveller #4 **Name:** _____
Same household only **Male** **Female** **Birth date:** _____

Medical Conditions: check all that apply

- | | |
|---------------|--------------------|
| diabetes | disability |
| heart disease | pulmonary disorder |
| pregnancy | stomach disorder |

Travel Category: check all that apply

- Affluent Tourism (first class hotel, urban centres, resort, etc.)
- Rural/Safari/Hiking
- Health Care Worker
- Veterinarian/Animal Handler/Spelunker
- Missionary/CUSO
- Cruise – Please list Ports of Call on Reverse
- Other _____

Travel Itinerary: *List the countries you will be visiting in order of travel.*

Please complete other side



COUNTRY/ (Ports of Call)	PROVINCE/STATE REGION/CITY URBAN/RURAL	DATE OF ARRIVAL	LENGTH OF STAY (days in each location)

Please check one of the following:

I WILL PICK UP MY PACKAGE AT THE HEALTH UNIT

**OWEN SOUND SITE
101 17th Street East**

**WALKERTON SITE
30 Park Street**

PLEASE MAIL MY PACKAGE

Name and Mailing Address - Please provide, even if you are picking up your package.

Telephone #: Home: () _____

Work: () _____

This information is being collected pursuant to the *Health Protection and Promotion Act*, R.S.O.1990, c.H.7 and will be retained, used, disclosed and disposed of in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, the *Personal Health Information Protection Act*, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure and disposal of information. Any questions regarding this collection may be directed to the Director of Finance and Administration at 101 17th Street East, Owen Sound, Ontario, N4K 0A5 (519)376-9420.