



### HEALTH QUESTIONNAIRE FOR PASSENGERS (COVID-19)

Name  Last name   
Date of birth  Age  years old

#### ORIGINAL RESIDENCE

Address  CP   
Municipality  Island  Country   
Email  Phone number

#### DESTINATION OF RESIDENCE

Address  CP   
Municipality  Island  Country

#### CLINICAL INFORMATION

	Unk	No	Ye
Have you taken any fever medication in the last 24 hours?			
Pneumonia (Rx or clinical evidence)			
Breathing difficulties			
Fever			
Cough			

#### OBSERVATIONS

I declare, under my own responsibility, that the given data is true.

Date and signature: \_\_\_\_\_

**Information about personal data protection.** In accordance with the Regulation 2016/679 of the European Union (GDPR) and with current legislation, the processing of the personal data provided for this questionnaire is described below.

**Purpose of processing.** To monitor the activity so as to guarantee the control and safety of the population, in relation with the Royal Decree 464/2020, of March 14, which declares the state of alarm for the management of the health crisis caused by COVID-19.

**Responsible for processing.** Dirección General de Salud Pública.