One form should be completed by each passenger. Print in capital (UPPERCASE) lett	ers. Leave a blank space between words
FLIGHT TO SPAIN INFORMATION:	
1. Airline name	2. Flight number 3. Seat number
4. Date of arrival (yyyy/mm/dd)  2 0	
PERSONAL INFORMATION:	
	siven) Name 7. Your sex
	☐ Male ☐ Female
8. Passport Number/ID Number	
PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.	
9. Mobile 10. Other	
11. Email address	
PERMANENT ADDRESS:	
12. Number and street (Leave a blank space between street number and name)	13. Apartment number
14. City	15. State/Province
16. Country	17. ZIP/Postal code
TEMPORARY ADDRESS: please, write only the first place where you will be staying.  18. Hotel name (if any)  19. Number and street (Leave a blank space between street number and name)  20. Apartmen	
13. Noter halle (if any)	a biain space between succernainter and maine)
21. Province	22. Autonomous region
23. ZIP/Postal code	
MANDATORY HEALTH QUESTIONNAIRE TO ENTER SPAIN  REGARDING THE HEALTH EMERGENCY DECLARED BY COVID-19, it is mandatory to an	swer the following questions. If necessary, a medical evaluation will be carried out upon
arrival.	Swer the following questions. If necessary, a medical evaluation will be carried out upon
24. Have you been in contact with a person that has been a confirmed case for COVID-19 during the last 14 days?	
YES NO	
25. Have you had any of the following symptoms during the past 14 days?. Please, mark with "X" the symptom or sign that you present.	
YES NO Fever Short	tness of breath Cough
1	

26. Have you or a member of your family/travel companion visited any hospital in the last 14 days?  YES NO
27. Have you visited live animal markets in the last 14 days?
YES NO
TRAVEL HISTORY
28. Please indicate the country where you started your trip
29. Please indicate all countries/regions that you have been in including transit and stopover in the last 14 days prior to your arrival
(2)
(3)
(4)
30. Purpose for travel. Please, choose one.
Tourism Work Visit to relatives Special mission International Cooperation Another
MANDATORY DECLARATION
I hereby give my commitment that if during the 14 days after entry to Spain I present symptoms of acute respiratory infection (fever, cough or shortness breath), I will isolate myself at home/place of residence, self-monitoring coronavirus symptoms, and I will contact the competent health authorities telephone.
I agree to comply with those indications and measures indicated to me by the health authorities.
And for the record, I confirm the veracity of the information provided.
Check to account
Check to accept:
Date (yyyy/mm/dd):
2 0

Your personal data will be processed in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of their personal data and the free movement of such data and Organic Law 3/2018, of 5 December, Protection of Personal Data and Guarantee of Digital Rights and other related regulations.