Public Health Passenger Locator Form: To protect your health, public health officers need you to complete this form whenever they suspect a communicable disease onboard a flight. Your information will help public health officers to contact you if you were exposed to a communicable disease. It is important to fill out this form completely and accurately. Your information is intended to be held in accordance with applicable laws and used only for public health purposes. ***~Thank you for helping us to protect your health.***

One form should be completed by an adult member of each family. Print in capital (UPPERCASE) letters. Leave blank boxes for spaces.

FLIGHT INFORMATION: **1. Airline name** | **2. Flight number** | **3. Seat number** | **4. Date of arrival (yyyy/mm/dd)** (2 0 ...)

PERSONAL INFORMATION: **5. Last (Family) Name** | **6. First (Given) Name** | **7. Middle Initial** | **8. Your sex** Male ☐ Female ☐

PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

9. Mobile | **10. Business**

11. Home | **12. Other**

13. Email address

PERMANENT ADDRESS: **14. Number and street** ***(Separate number and street with blank box)*** | **15. Apartment number**

16. City | **17. State/Province**

18. Country | **19. ZIP/Postal code**

TEMPORARY ADDRESS: If you are a visitor, write only the first place where you will be staying.

20. Hotel name (if any) | **21. Number and street** ***(Separate number and street with blank box)*** | **22. Apartment number**

23. City | **24. State/Province**

25. Country | **26. ZIP/Postal code**

EMERGENCY CONTACT INFORMATION of someone who can reach you during the next 30 days

27. Last (Family) Name | **28. First (Given) Name** | **29. City**

30. Country | **31. Email**

32. Mobile phone | **33. Other phone**

34. TRAVEL COMPANIONS – FAMILY: Only include age if younger than 18 years

	Last (Family) Name	First (Given) Name	Seat number	Age <18
(1)				
(2)				
(3)				
(4)				

35. TRAVEL COMPANIONS – NON-FAMILY: Also include name of group (if any)

	Last (Family) Name	First (Given) Name	Group *(tour, team, business, other)*
(1)			
(2)			

MANDATORY HEALTH QUESTIONNAIRE TO ENTER SPAIN

REGARDING THE HEALTH EMERGENCY DECLARED BY COVID-19, IT IS MANDATORY TO ANSWER THE FOLLOWING QUESTIONS. If necessary, a medical evaluation will be carried out upon arrival.

36. Have you been in contact with a person confirmed COVID-19 during the last 14 days?

YES ☐ NO ☐

37. Have you or a member of your family/travel companion had any of the following symptoms during the past 14 days?. Please, fill the data of the person or persons presenting the above symptoms and mark with "X" the symptom or sign that you present.

YES ☐ NO ☐

	Last (Family) Name	First (Given) Name	Fever	Coughing	Breathing difficulties
(1)					
(2)					
(3)					
(4)					

38. Have you or a member of your family/travel companion visited any hospital in the last 14 days?

YES ☐ NO ☐

TRAVEL HISTORY

39. Please indicate all countries/regions that you have been in including transit and stopover, in the last 14 days prior to your arrival

(1)
(2)
(3)
(4)

40. Have you visited live animal markets, in the last 14 days?

YES ☐ NO ☐

41. Purpose for travel. Please, choose one.

Tourism ☐ Work ☐ Visit to relatives ☐ Special mission ☐ International Cooperation ☐

I am committed to carry out home quarantine during the 14 days following entry into Spain, carrying out self-monitoring of the symptoms of the coronavirus, especially symptoms of acute respiratory infection (fever, cough or respiratory difficulty) and if I present any of them I will contact the competent health authorities by telephone.

I agree to comply with those indications and measures indicated to me by the health authorities.

And for the record.

I sign this with date:

Sgd

42. Passport Number/ID Number

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.