

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 <input type="checkbox"/> Female <input type="checkbox"/>	

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

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

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

YES NO

41. Purpose for travel. Please, choose one.

Tourism Work Visit to relatives Special mission International Cooperation

I give my commitment that if during the 14 days after entry to Spain I present symptoms of acute respiratory infection (fever, cough or respiratory difficulty), I will isolate myself at home/place of residence, self-monitoring coronavirus symptoms, and 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

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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.