INDIVIDUAL form mandatory for ALL passengers arriving in Spain. Print in capital (UPPERCASE) letters. Leave a blank space between words

INFORMATION OF THE SHIP ARRIVING IN SPAIN:

1. Name of shipping company

2. Ship/cruise name

3. Seat number/Cabin number

4. Date of arrival (yyyy/mm/dd) 2 0

PERSONAL INFORMATION:

5. Last (Family) Name

6. First (Given) 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 IN SPAIN: 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. Apartment number

21. City

22. ZIP/Postal code

23. Province

24. Autonomous region

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.

25. Have you been in contact with a person that has been a confirmed case for COVID-19 during the last 14 days?

YES ☐ NO ☐

26. Do you have any of the following symptoms: fever, cough or shortness of breath?. Please, mark with "X" the symptom or sign that you present

YES ☐ NO ☐ Fever ☐ Shortness of breath ☐ Cough ☐

27. Have you visited any hospital in the last 14 days?. If the answer is YES, please mark with "X" the best option that describes this visit.

YES ☐ NO ☐

Hospital worker in contact with COVID-19 ☐ Visit for suspected COVID-19 ☐

Hospital worker without contact with COVID-19 ☐ Visit for other reasons ☐

28. Do you have a certificate of a negative result from a PCR test (COVID-19) carried out in the 72h prior to your arrival in Spain? (You may have to present the certificate of the result upon arrival):

YES ☐ NO ☐

TRAVEL STORY

29. Please indicate the country where you started your trip

30. 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)

31. 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 of breath), 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 confirm the veracity of the information provided.

Check to accept: ☐

Date (yyyy/mm/dd):

2 0

In compliance with the provisions of Royal Decree-Law 23/2020, of June 23 and the Resolution of November 11, 2020, of the General Directorate of Public Health, all passengers originating from any port located outside of Spanish territory must complete this form. 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.