

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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	Last (Family) Name	First (Given) Name	Group (tour, team, business, other)
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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																																										
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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

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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

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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.