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

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	EMPORARY 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																																													
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2	5. Ha	ave yo	u b	en in	conta	nct w	vith a	pers	son th	nat l	has b	eer	n a co	onfi	rmed	d ca	se f	or C	ovi	D-19	9 du	rinc	a the	e las	t 14	day	s?																			
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27. Have you vis	ited an	y hospi NO	tal in	the la	st 14	days	?. If⁺		answer is YES, please mark with "X" the best optior Hospital worker in contact with COVID-19 Hospital worker without contact with COVID-19												escribes this visit. Visit for suspected COVID-19
	3. 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	AVEL STORY 9. Please indicate the country where you started your trip																				
29. Please indi	cate th	e coun	try wi	here y	you s	starte	ed yo	ur tri	p												
30. Please indic	ate all c	countrie	s/regi	ions tł	nat yo	ou ha	ve be	een in	ı inclu	ding t	ransit	ands	stopo	over in	n the	last	14 da	ays	pric	or to	your arrival
(2)																					
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(4) 31. Purpose for Tourism Worl		Please, sit to re				al mis	sion	Int	ernati	onal C	coope	ration	 	Anoth	ner						

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):



In compliance with the provisions of <u>Royal Decree-Law 23/2020</u>, of <u>June 23</u> and the <u>Resolution of November 11</u>, 2020, of the <u>General Directorate of Public Health</u>, 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.