

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

FLIGHT TO SPAIN INFORMATION:

1. Airline name

2. Flight number

3. Seat number

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

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

