Γ	_																																										_	
						ted b						Prin	t in	сар	ital	(UP	PEI	RCA	SE) let	ters	. L	eav	e a	bla	nk :	spa	ce k	betv	vee	n v	vor	ds					_				_		
				ng co						O. A.													2	. Sh	nip/c	ruis	e na	me																
																						1																						
3.	Seat	numk	er / C	abin	num	ber				4. 1	Date	e of	arriv	val (v	/vvv	/mm/	dd)						-																					
Ť	1							1		2		0		(,	,,,,		,																											
PE	RSON	IAL II	IFOR	MATI	ON:					_		_			-				_																							_		
		(Fam															_	6	. Fi	rst (C	Sive	n) N	ame															7.	You	r se	ĸ			
																																						Mal	ie		F	ema	ale	
8.	Pass	port l	lumb	er/ID	Num	ber								I			_	<u> </u>	!				-				1	-	ı					_										
PHO	NE N	UMBI	R(S)	wher	e yo	u can	be	reac	hed	if ne	ede	d. Ir	nclud	de co	ount	ry co	de a	nd c	ty c	ode.																								_
9.1	/lobil	9								1	_				ì			1	0.	Othe	r												-		_									
11.	Emai	l add	ress							_																												_	_					
PEF	PERMANENT ADDRESS: 12. Number and street (Leave a blank space between street number and name) 13. Apartment number																																											
12.	Nun	nber a	nd s	reet (Leav	re a bi	ank	spa	ce b	etwe	en s	stre	et n	umb	er ar	nd na	me)						1												_				13.	. Ap	artme	ent r	numb	er
14.	City																														15	. S	tate/F	rov	ince									
																																										1		
16.	Cou	ntry	•			•			•						•			•							•			•			17	. ZI	P/Po	stal	cod	е								
					ESS	: plea	se,	write	onl	y the	e fir	st p			-			-	-								,							•						-				
18	. Hot	el naı	ne (II	any)	1	1			I	1		_	Г	19.	Nur	nber	and	stree	et (L	.eave	ab	iani	k spa	ice i	betw	reen	stre	et n	iumi	ber .	and	nai	ne)					_		20. /	Aparı	mer	nt nu	mber
لِـ													L																			-		_							L	L		
21	. Pro	vince	!	T	- 1						T	1				1	1	1	1	T			T	T	T				7		Г	22	2. A	ıton	omo	us	regi	on	\neg	$\overline{}$	$\overline{}$	Т		\top
	710	Post	1	lo.																									L		L									<u></u>		L		\perp
Z3	. ZIP	Post	ai coc	ie																																								
L																																												
MAN	IDAT	ORY	HEA	LTH (QUE	STIO	NN/	AIRE	то	ENT	ER	SP	AIN																															
	ARDII				_	ERGE								-19,	it is	mano	lato	ry to	ans	wer	the f	follo	wing	g qu	esti	ons	. If n	eces	ssar	y, a	me	dica	ıl eva	luat	ion	will	be o	arri	ed o	ut u	pon			
24	4. Ha	ve yo	u bee	en in c	onta	act wit	h a	pers	on t	hat h	nas	bee	nao	confi	rme	d cas	e fo	r CO	VID	-19 d	urin	ıg th	ne las	st 14	4 day	ys?																		
	,	YES				юГ	7																																					
-			<u></u>			<u> </u>	」														,,																							
2	o. Ha	ve yo	u had	any	of th	e folio	wir	ıg sy	mpt	oms	dur	rıng	the	past	14 (aysî	. Pl	ease,	ma	ırk w	ıth "	X" t	ne s	ymp	otom	ı or	sign	tha	t yo	u pr	ese	nt.												
	١	/ES			N	٥ [F	ever				5	Short	nes	s of	brea	ath				Co	ougl	h														
ı																																												

26 .	26. Have you or a member of your family/travel companion visited any hospital in the last 14 days?																								
	Y	ES				NC) [
27.	7. Have you visited live animal markets in the last 14 days?																								
		YES				N	0																		
TR	AVEL	_ HIS	STO	RY																					
28	. Ple	ase i	indi	cate	the	co	untı	y w	here	you	ı st	arte	ed y	our t	rip										
]
•																									_
29. Please indicate all countries/regions that you have been in including transit and stopover in the last 14 days prior to your arrival															ival										
(2)					1															-					
											_						+			┪					
(3)																				-					
(4)	<u> </u>												<u> </u>	<u> </u>						_					
30	30. Purpose for travel. Please, choose one.																								
	Tourism Work Visit to relatives Special mission International Cooperation Another																								
MAN	NDAT	ΓOR	Y DI	ECL/	\R/	ATIC	N																		
l h	ANDATORY DECLARATION 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)																								
	reath), I will isolate myself at home/place of residence, self-monitoring coronavirus symptoms, and I will contact the competent health authorities by telephon															ontact the competent health authorities by telephone									
l a	agree to comply with those indications and measures indicated to me by the health authorities.																								
Ar	and for the record, I confirm the veracity of the information provided.																								
	Che	eck to	o ac	сер	t:	Г	_																		
						L																			
		. ,																							
	Date	e (yy	/уу/і	mm/	dd).	:				•	_														
		2	0																						

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.