

**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

