Welcome to the Spain Travel Health portal!

To protect your health, the Government of Spain has implemented a series of measures to protect the general public's health, including health control of passengers upon arrival in Spain. From this website you can fill out the health control form and obtain your QR Code, to show it at the control points upon arrival in Spain.

Your health is the priority.

Are you traveling to Spain?
Find out more about the new health control
process

Download the app, available at Google play

App Store

New Form



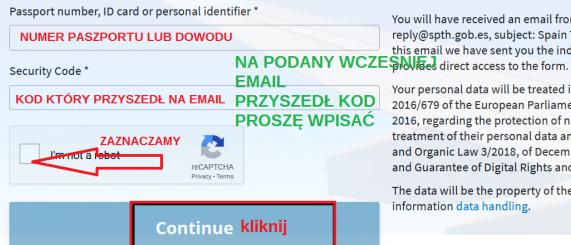
Individual FCS Form







Passanger data		To create your individual FCS form, fill in all the fields.			
Passenger data		You will soon receive an e-mail in your email account, with asecurity			
Name *		code and a link to create the form associated with your trip and to ge your QR Code.			
IMIĘ		Remember that it is mandatory for all passengers traveling to Spain, and that each form is associated with a single trip, it is Personal and non-transferable			
Surname *					
NAZWISKO		Your personal data will be treated in accordance with the Regulations for (EU) 2016/679 of the European Parliament and of the Council of 27 April of 2016, regarding the protection of natural persons in what Regarding the processing of your personal data and free circulation of this data and Organic Law 3/2018, of 5 of December, Protection of			
Passport number, ID card or personal identifier *					
NR PASZPORTU LUB DOWODU					
Flight number *	Arrival Date *	Personal Data and Guarantee of Digital Rights and other related regulations.			
NR LOTU	DATA PRZYLOTU	The data will be the property of the Ministry of Health. For more information data handling.			
Email *		YOU SHOULD NOT TRAVEL if you have symptoms compatible with			
ADRES EMAIL		COVID-19 (fever, cough, breathing difficulties), of recent onset, if diagnosed with COVID-19 in the past 14 days or if you have had close			
Confirm email address *		contact with a confirmed case of COVID-19 in the last two weeks.			
TEN SAM ADRES EM	AIL				
	LI LECIMY Z DZIECKIEM form for a minor or dependent person	in my charge.			
LEGAL INFORMATION					
Each passenger must fill in a form associated with each trip that is personal and non-transferable. Make sure you fill out this form and sign it before flying to Spain. Remember that, after signing the FCS form, you will receive a QR Code associated with your trip, which you must carry with					
Tile signing of this form carries the responsibility on the veracity of the information, the acceptance of the legal conditions, of data processing and compliance with health regulations indicated at any time by the authorities.					
If you are a minor, or a dependent, the form must be signed by your legal guardian.					
ZAZNACZAMY I'm not a robot	reCAPTCHA Privacy - Terms				
Yes, I have read and understand the information and accept these terms. *					
	S	end klikni j			



You will have received an email from the address spaintravelhealth-noreply@spth.gob.es, subject: Spain Travel Health: Form registration. In this email we have sent you the individual form code, and a link that

Your personal data will be treated in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council, of April 27, 2016, regarding the protection of natural persons with regard to the treatment of their personal data and the free circulation of these data and Organic Law 3/2018, of December 5, on Protection of Personal Data and Guarantee of Digital Rights and other related regulations.

The data will be the property of the Ministry of Health. For more information data handling.





CREATE NEW FORM

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Step 1: Personal Information

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Dorconal	lint	formation
reisona		OHIHALIOH

Surname *	Name *	
NAZWISKO	IMIĘ	
Sex PŁEĆ	Passport number, ID card or personal identifier *	
Male Female	ANR6PASZPORTU LUB DOWODU	
Personal mobile phone number *	Other telephone number	
Prefix PL+48 V NR TELEFONU	Prefix POMIJAMY	
Email *		
ursel.adam@gmail.com		

Permanent address

Number and street * Apartment number * ADRES ZAMIESZKANIA NR I ULICA **NR MIESZKANIA** State/Province * Country * **SLASK** Choose an option **POLAND** City * Zip Code KOD np. 41800 **MIASTO**

Save and continue

KLIKNIJ

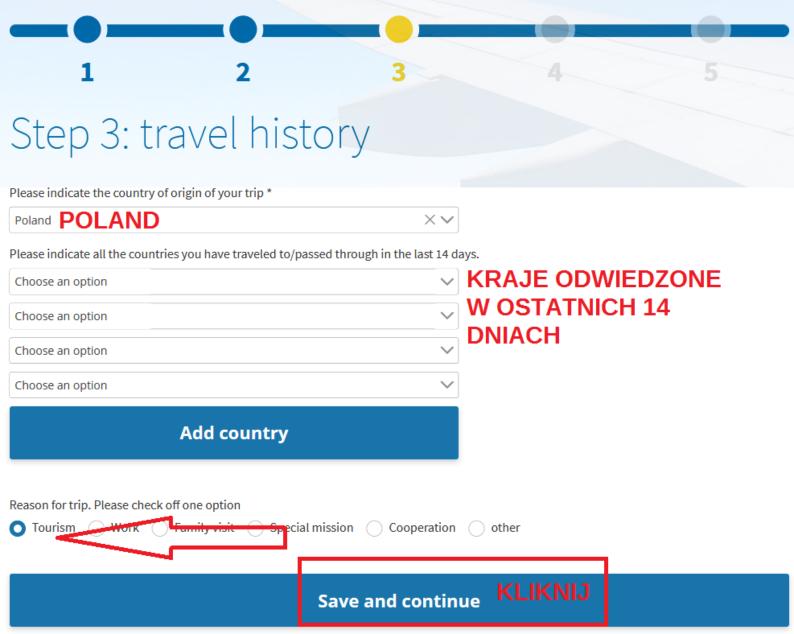
Indicate whether this address is permanent for your entire stay in the country

CANARIAS

Choose an option

Save and continue **KLIKNIJ**

KOD POCZTOWY



Step 4: Health Questionnaire

Mandatory for entry into Spain

IN RELATION TO THE HEALTH EMERGENCY DECLARED BY COVID-19, it is mandatory that you answer the following questions. If necessary, a medical evaluation will be carried out upon arrival.

Have you been in contact with a person that has been a confirmed case for COVID-19 during the last 14 days? *				
Yes No a) Czy w ciągu ostatnich 14 dni				
Have you had any of kontaktowałeś się z osobą, u której potwierdzono COVID-19?				
Yes No No b) -Czy w ciągu ostatnich 14 dni zaobserwowałeś u siebie poniższe objawy				
Have you been to or • fever - gorączka • difficulty breathing - dusznośc • cough - kaszel				
Yes No Czy w ciągu ostatnich 14 dni przebywałeś w szpitalu/odwiedzałeś szpital?				
Have you visited any d) Czy w ciągu ostatnich 14 dni odwiedzałeś targ z żywymi zwierzętami?				
Yes No				



Step 4: Health Questionnaire

Mandatory for entry into Spain

IN RELATION TO THE HE medical evaluation w	ALTH EMERGENCY DECLARED BY COVID-19, it	is mandatory that you answer the foll	owing questions. If necessary, a			
Have you been in con	Do you want to save the	information?	×			
Yes No						
Have you had any oft Once saved, it cannot be modified.						
Yes No	KLIKNIJ		_			
Have you been to or v	✓ Yes	× No				
Yes No						
Have you visited any l						
Yes No						

Step 5: Affidavit

I promise that if during the 14 days after entering Spain I present symptoms of acute respiratory infection (fever, cough or breathing difficulties), I will isolate myself at home or place of residence, conducting self-monitoring of the symptoms of the coronavirus and I will contact the competent health authorities by telephone.

I agree to carry out those indications and measures that the health authorities indicate.

And I hereby confirm the veracity of the information provided.



By accepting you are attesting to the veracity of the answers provided in this questionnaire and all the conditions mentioned in the data protection.

KLIKNIJ End process



Form completed correctly

Your form has been saved successfully.

We appreciate the time spent completing this form. In a few moments you will receive an email with the QR Code, necessary to pass the control at the destination airport.

Remember to download the QR Code on your mobile or print it on paper and to have it on hand upon arrival in Spain.

We wish you a safe journey and a happy stay in Spain.





