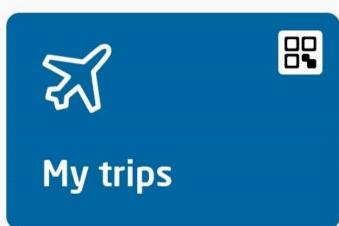


Are you traveling to Spain? Know more







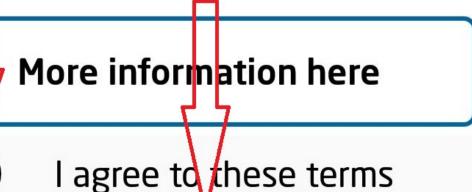


the **Ministry of Health** of Spain, whose contact information is (saniext@mscbs.es).

The possible **recipients** of your data are the **competent health authorities**.

You can exercise the rights of access, rectification, deletion, opposition, limitation of treatment and portability, by contacting the General Sub-Directorate of Health of Foreign Health.

The **contact details** of the Data Protection Officer are (delegadoprotecciondatos@mscbs.es).



Start form



Terms and Conditions

Each passenger must answer a form, and with his signature he is responsible for the veracity of the information.

If he is a minor, or a dependent, the form must be signed by his legal guardian.

Make sure that you fill in this form and sign it before flying to Spain. And remember that, after signing the PLC form, you will receive a health QR code associated with your trip, which you must bring on your mobile or printed on paper to pass the airport health control.

Information clause for data collection

We inform you that the data you provide us will be used in order to ensure control of the COVID-19 epidemic and healthcare.



the Ministry of Health of Spain



Form name

Form alias*

ADAM

nazwa formularza np. imię

Passport number/DNI/NIE/ personal ID*

nr paszportu lub dowodu

ADA102034

Flight number*

NR LOTU - dostępny w panelu klienta lub info. w biurze

ENT7225

Date of arrival to Spain*

Jul 13 2020



CONTINUE

















Personal Data

Name* IMIE

Adam

Surname* NAZWISKO

Kowalski

Sex PLEĆ

MĘŻCZYZNA

Male

KOBIETA

Female

Passport number/DNI/NIE/ personal ID* personal ID*

ADA102034

Contact

Personal mobile phone number*

NR TELEFONU 655552525

Other telephone number



Mobile phone

MOŻNA POMINĄĆ

E-mail*

onyx_zabrze@interia.pl



CONTINUE





Permanent address









ADRES ZAMIESZKANIA - W POLSCE



Address data

Street and number*

ULICA I NR

Owocowa 11

Apartment number / floor*

10 NR MIESZKANIA

City/town* MIASTO

Zabrze

Country*



Polska



State / province*

WOJEWÓDZTWO

State / province*

Slask

WOJEWÓDZTWO

Zip Code

KOD POCZTOWY

41800

Save and Continue





















Flight information:

Airline*

LINIA LOTNICZA NA PRZYKŁAD

ENTER AIR SP Z.O.O.



Flight number*

NUMER LOTU NA PRZYKŁAD

ENT7225

Seat

MIEJSCE W SAMOLOCIE- JEŻELI NIE ZOSTAŁO WYBRANE PROSZĘ WPISAĆ OA (zero)

OA



Date of arrival to Spain*

Jul 13 2020



Address of stay

Name of hotel (if it's your case)

Fiesta

Street and number

Calle Punta 5

Apartment number / floor

No

City / Town *

MIASTO W KTÓRYM JEST HOTEL adres w google po wpisaniu nazwy hotelu i kraju/wyspy lub w panelu klienta w dokumentach

Costa Calma

Region / autonomous city,*

na przykład

ILLES BALEARS jeżeli lecimy na Majorkę

Canarias - Jeżeli Lecimy na wyspy Kanaryjskie



Zip Code KOD POCZTOWY

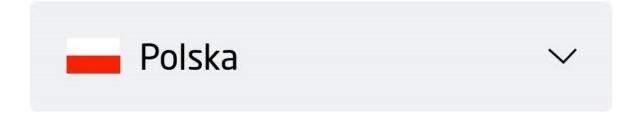
35627







Please, indicate the country of origin of your flight*



Please, indicate all countries transited in the last 14 days.

KRAJE ODWIEDZONE W OSTATNICH 14 DNIACH



JEŻELI NIE ODWIEDZALIŚMY - POMIJAMY Add country

Reason for trip. Please check off one option

Tourism ZAZNACZAMY

() Work

() Family visit

Special mission

Cooperation

() Other

Save and Continue

Required to enter Spain.

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

Have you had contact with a confirmed case of new coronavirus disease (COVID-19) in the last 14 days?*

Czy	w ci	iągu	ostatnich	14	dni kontaktowałe	eś się z osobą.	u której	potwierdzoi	no COVID-1
	_								

\bigcirc	Yes	No
\smile		

Do you have a fever, cough or shortness of breath?*

CZY MASZ GORĄCZKĘ /DUSZNOŚCI

\bigcirc	Yes		No					
Please indicate the symptom(s) you have.* wybierz symptomy,które zaobserwowałeś								
	Fever	GORĄCZK	A					



	Cough	KASZEL					
hospit	you beer al in the	last 14					
Szphai	Yes		No				
Czy w ciągu ostatnich 14 dni odwiedzałeś targ z żywymi zwierzętami ? Have you visited any live animal markets in the last 14 days?*							
	Yes		No				

Save and Continue





Responsible Statement

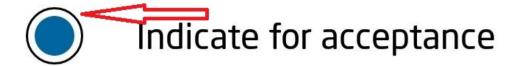




I undertake that if during the 14 days prior to entering Spain I present symptoms of acute respiratory infection (fever, cough or respiratory difficulty), I will isolate myself at home or in my place of residence, carrying out self-surveillance of the symptoms of the coronavirus and I will contact the competent health authorities by telephone..

I undertake to carry out those indications and measures indicated to me by the health authorities.

And for the record, I confirm the veracity of the information provided.



Is the passenger a minor or a dependent?



Important note: This button allows you to end the process. It will be activated two days before the departure of your flight, and will allow you to receive your health QR code, which you must carry with you in order to be shown upon arrival at the airport control.



Form completed correctly

Your form has been saved with success. An e-mail has been sent with the necessary documents (sanitary QR code) which must be presented on arrival in Spain.

The QR code is also available in the 'My Trips' section of this app.

Upon arrival in Spain you can display the health QR code from this application, accessing the My Trips section









Are you traveling to Spain? Know more









My trips

ADAM

Validated

ARRIVAL IN SPAIN

Jul 13 2020



FLIGHT ENT7225

Jan

Validated

ARRIVAL IN SPAIN

Jul 13 2020



FLIGHT ENT7225