

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

**FLIGHT TO SPAIN INFORMATION:**

<b>1. Airline name</b> <input type="text"/>	<b>2. Flight number</b> <input type="text"/>	<b>3. Seat number</b> <input type="text"/>
<b>4. Date of arrival (yyyy/mm/dd)</b> <input type="text"/>		

**PERSONAL INFORMATION:**

<b>5. Last (Family) Name</b> <input type="text"/>	<b>6. First (Given) Name</b> <input type="text"/>	<b>7. Your sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>8. Passport Number/ID Number</b> <input type="text"/>		

**PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.**

<b>9. Mobile</b> <input type="text"/>	<b>10. Other</b> <input type="text"/>
<b>11. Email address</b> <input type="text"/>	

**PERMANENT ADDRESS:**

<b>12. Number and street (Leave a blank space between street number and name)</b> <input type="text"/>	<b>13. Apartment number</b> <input type="text"/>
<b>14. City</b> <input type="text"/>	<b>15. State/Province</b> <input type="text"/>
<b>16. Country</b> <input type="text"/>	<b>17. ZIP/Postal code</b> <input type="text"/>

**TEMPORARY ADDRESS IN SPAIN: please, write only the first place where you will be staying**

<b>18. Hotel name (if any)</b> <input type="text"/>	<b>19. Number and Street (leave a blank space between Street number and name)</b> <input type="text"/>	<b>20. Apartment number</b> <input type="text"/>
<b>21. City</b> <input type="text"/>	<b>22. ZIP/Postal code</b> <input type="text"/>	
<b>23. Province</b> <input type="text"/>	<b>24. Autonomous region</b> <input type="text"/>	

**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

