One form should be completed by each passenger. ***Print in capital (UPPERCASE) letters. Leave a blank space between words***

SHIP INFORMATION:

1. Ship name & 2. Cruise Number

3. Cabin number

4. Date of arrival (yyyy/mm/dd) 2 0

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: *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. Apartmen

21. Province

22. Autonomous region

23. ZIP/Postal code

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.

24. Have you been in contact with a person that has been a confirmed case for COVID-19 during the last 14 days?

YES ☐ NO ☐

25. Have you had any of the following symptoms during the past 14 days?. Please, mark with "X" the symptom or sign that you present.

YES ☐ NO ☐ Fever ☐ Shortness of breath ☐ Cough ☐

26. Have you or a member of your family/travel companion visited any hospital in the last 14 days?

YES ☐ NO ☐

27. Have you visited live animal markets in the last 14 days?

YES ☐ NO ☐

TRAVEL HISTORY

28. Please indicate the country where you started your trip

29. Please indicate all countries/regions that you have been in including transit and stopover in the last 14 days prior to your arrival

(1)
(2)
(3)
(4)

30. Purpose for travel. Please, choose one.

Tourism ☐ Work ☐ Visit to relatives ☐ Special mission ☐ International Cooperation ☐ Another ☐

MANDATORY DECLARATION

I 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 of breath), I will isolate myself at home/place of residence, self-monitoring coronavirus symptoms, and I will contact the competent health authorities by telephone.

I agree to comply with those indications and measures indicated to me by the health authorities.

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

Check to accept: ☐

Date (yyyy/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.