

### ARRIVAL

A form is to be filled in by each passenger. For minors under # **years of age** or disabled persons, the form needs to be signed by mother, father or guardian.



#### PERSONAL INFORMATION

Names  Last Names

Gender  Female  Male  Other  I'd rather not say Date of Birth

Nationality  Country of Residence

Type of Travel Document  Passport  National Identifier (Identity Document or Card) Travel Document Number  Resident Status in the Country  Permanent  Transitory



#### TRAVEL INFORMATION

Reason for your travel  Country of departure

Date and Time of Arrival    City of Arrival

Name of the Entry Point  Name of Airline/Company  Flight #  Seat #



#### CONTACT INFORMATION

Email  Confirm Email

Mobile Number    Repeat your Mobile Number



#### ACCOMMODATION INFORMATION

Address (of the country you are entering)

Floor  Apt.  City  State/Province

Phone Number of the Accommodation Place



#### TRAVEL BACKGROUND

Have you been during the last four days in?:

Country  Country  Country



#### HEALTH BACKGROUND

Have you had direct contact with confirmed cases of Covid-19 during the past 14 days?  Yes  No

Have you been diagnosed Covid-19 positive in the last 10 days?  Yes  No

Do you have now, or have you had during the last 72 hours, the following symptoms?

Fever  Nasal congestion or cold  Nausea and/or vomiting

Fatigue and general weakness  Headache  Diarrhea

Cough  Sore throat  Recent loss of smell

Difficulty breathing  Muscle pain  Recent loss of taste

I don't/have not had any symptom

Do you have a PCR test conducted within 3 days of departure?  Yes  No

What was the result of the test?  Negative  Positive  Inconclusive

Test date    ATTACH TEST

#### Travel Declaration Form

I certify that all the above information is true and correct. I will take legal responsibility in case of false statement.

I am aware of and will observe the measures intended to stem the spread of Covid-19 in the country.

I declare that I will complete the self-reporting form with my symptoms and location (if required) during 14 days.

I declare that I am responsible for complying with the 14-day mandatory quarantine at the address indicated above, without leaving it under any circumstances or exception and complying with the recommendations (if required).

I declare that the contact information provided is reliable and I will be able to receive communications during the whole quarantine period (if required).

In case of changing my accommodation, I will send the contact details to the corresponding authority.

At the time of signing this document, I do not have any symptoms compatible with Covid-19 and I declare that I have not taken any medicine for fever, cold or cough that may hide these symptoms.

I have read and accepted the **Travel Declaration Form**

SEND