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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HEALTH QUESTIONNAIRE FOR PASSENGERS (COVID-19)** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Name |  | | Last name |  | | | | | | | |
|  |  |  |  | | | |  |  | | | |
| Date of birth |  | | Age |  | | years old | | |  | |  |
|  | | | | | | | | | | | |
| **ORIGINAL RESIDENCE** | | | | | | | | | | | |
| Address |  | | | | | | CP | | |  | |
|  |  | | | | | |  | | |  | |
| Municipality |  | | Island | |  | | Country | | |  | |
|  |  | | | | | |  | | |  | |
| Email |  | | | | | | Phone number | | |  | |
| **DESTINATION OF RESIDENCE** | | | | | | | | | | | |
| Address |  | | | | | | CP | | |  | |
|  |  | | | | | |  | | |  | |
| Municipality |  | | Island | |  | | Country | | |  | |
| **CLINICAL INFORMATION**   |  |  |  |  | | --- | --- | --- | --- | |  | Unkn | No | Yes | | Have you taken any fever medication in the last 24 hours? |  |  |  | | Pneumonia (Rx or clinical evidence) |  |  |  | | Breathing difficulties |  |  |  | | Fever |  |  |  | | Cough |  |  |  |   **OBSERVATIONS**   |  | | --- | |  |   **I declare, under my own responsibility, that the given data is true.**  **Date and signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Information about personal data protection.** In accordance with the Regulation 2016/679 of the European Union (GDPR) and with current legislation, the processing of the personal data provided for this questionnaire is described below.  **Purpose of processing.** To monitor the activity so as to guarantee the control and safety of the population, in relation with the Royal Decree 464/2020, of March 14, which declares the state of alarm for the management of the health crisis caused by COVID-19.  **Responsible for processing.** Dirección General de Salud Pública. | | | | | | | | | | | | |