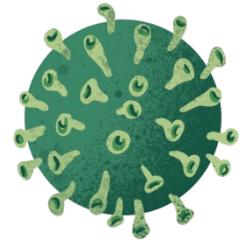




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HEALTH QUESTIONNAIRE FOR PASSENGERS AT AIRPORTS (COVID-19)

Full name:

ID / Passport No.: Age:

Email: Phone Number:

RESIDENCE OF DESTINATION

Address: City: Postal Code:

Island: Country:

COUNTRY OF ORIGIN WHERE THE JOURNEY STARTED *(specify all transit countries until arrival to the Balearic Islands)*

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CLINICAL INFORMATION

	Yes	No
Have you taken any antipyretic in the last 24 hours?		
Trouble breathing		
Fever		
Cough		
Other suspicious symptoms of SARS-CoV-2, such as painful swallowing, loss of sense of taste or smell, muscle aches, diarrhea, chest pain, headaches, etc.		

OBSERVATIONS

I declare on my own responsibility that the information given above is true.

Date and signature: _____

Also, if the passenger presents with any symptom included in the above clinical information form,

I declare on my own responsibility that I will comply with the appropriate medical instructions.

Date and signature: _____

Information on personal data protection. In accordance with the Regulation EU 2016/679 of the European Parliament (GDPR) and with the current legislation on data protection, the personal data contained in this questionnaire will be treated as follows. **Purpose:** To monitor the pertinent actions to follow so as to guarantee the people's control and safety in relation to the Royal Decree 464/2020, of 14 of March, establishing the state of alarm for the management of the healthcare crisis caused by COVID-19. **Party responsible:** General Direction of Public Health and Participation of the Balearic Islands.