



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	Ye
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. Direcció General de Salut Pública.