

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)

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PERSONAL INFORMATION:

5. Last (Family) Name 6. First (Given) Name 7. Your sex

		<input type="checkbox"/> Male <input type="checkbox"/> Female
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8. Passport Number/ID Number

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PHONE NUMBER(S) where you can be reached if needed. Include country code and city code.

9. Mobile 10. Other

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11. Email address

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PERMANENT ADDRESS:

12. Number and street (Leave a blank space between street number and name) 13. Apartment number

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14. City 15. State/Province

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16. Country 17. ZIP/Postal code

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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. Apartment

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21. Province 22. Autonomous region

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23. ZIP/Postal code

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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

