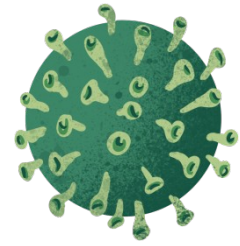




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HEALTH QUESTIONNAIRE FOR PASSENGERS AT PORTS (COVID-19)

Full name:

ID / Passport No.: Age:

Email: Phone Number:

RESIDENCE OF DESTINATION (only for passengers)

Address: City: Postal Code:

Island: Country:

PORT OF DISCHARGE (only for carriers):

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

.....

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.