

# DISCLAIMER COVID-19

## PERSONAL INFORMATION:

First name

Surname

Your sex  Male  Female

Passport Number/ID Number

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

Mobile

Other

Email address

## ADDRESS:

Number and street (Leave a blank space between street number and name)

City

State/Province

Country

ZIP/Postal code

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.

Have you been in contact with a person that has been a confirmed case for COVID-19 during the last 14 days?

YES  NO

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

Have you or a member of your family/travel companion visited any hospital in the last 14 days?

YES  NO

