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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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TEMPORARY ADDRESS IN SPAIN: 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 number and name)																																												
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27. Have you visited any hospital in the last 14 days?. If the answer is YES, please mark with "X" the best option that describes this visit.																														
YES	Hospital worker in contact with COVID-19											Visit for suspected COVID-19																		
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28. Do you have a cert upon arrival). CHIL																				nay h	ave to	o pr	rese	ent	the	certi	ficate	of the	result	t
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31. Purpose for travel.	. Please, cho	ose one.																												
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In compliance with the provisions of Royal Decree-Law 23/2020, of June 23 and the Resolution of November 11, 2020, of the General Directorate of Public Health, all passengers originating from any airport located outside of Spanish territory must complete this form. Your personal data will be processed in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of their personal data and the free movement of such data and Organic Law 3/2018, of 5 December, Protection of Personal Data and Guarantee of Digital Rights and other related regulations.