

Helbredserklæring til Peru

Link til erklæringen: <https://djsaludviajero.minsa.gob.pe/dj-salud/>

Du skal udfylde en helbredserklæring, for at komme ind i Peru. Linket til erklæringen, findes øverst på siden.

PERÚ Ministerio de Salud Affidavit of Health and Geolocation Authorization

Person search

Nationality *
PERU

Type of document *
PAS

Number of document

Date of birth

The filling of this form is a precondition for the authorization to enter the plane.

Search

English

Vælg Nationalitet

Vælg PAS

Tast Pasnummer

Vælg fødselsdato

Vælg sprog

Helbredsdeklæring til Peru

Albatros travel



PERÚ

Ministerio de Salud

Affidavit of Health and Geolocation Authorization

I. PERSONAL INFORMATION

Fornavn(e)

Efternavn

Vælg International trip

Dit oprindelsesland

Vælg Lima i både department og Province

For danske telefonnumre – Indtast som vist og dit nummer begge steder.

Traveler document type: PAS
Number: _____

Last name: _____ First name *: _____

Nationality: _____ Date of birth: _____ Gender *: _____

National trip International trip
Date of arrival in Peru: _____ Flight number *: _____

Country of origin *: _____

Vælg Miraflores

Destination department *: _____ Destination Province *: _____ Destination District *: _____

Contact phone number
45 00 Dit nummer

Contact cell number
45 00 Dit nummer

Køn

Flynummer

Indtast din emailadresse

Real address information

Vælg Lima i både
department og Province

Department * Province * District *

Vælg Miraflores

Ved **Inkarigets skatte**, udfyldes:
Av. Petit Thouars 5444,
Miraflores 15074, Peru

Real address after the isolation *

Please indicate the people with whom you will be accompanied at your real address

Ved **på sporet af Machu Picchu**,
udfyldes:
C. 2 de Mayo 494, Miraflores
15074, Peru

Last name	Efternavn	Last name	
First name	Fornavn(e)	Gender *	MASCULINO / MALE
		Age	Alder
Symptoms of family member or companion		Family or companion illnesses	

+ Add

Udfyld dine medrejsende, hvis
du rejser med nogen.

Lad denne være blank

Andre sygdomme

Tilføj
flere

Har du været i kontakt med en corona smittet?

Har du været i isolation eller karantæne de sidste 14 dage?

Sæt kryds, hvis du har nogen af disse symptomer

Sæt flueben, hvis alle oplysninger du har opgivet, er korrekte

II. HEALTH INFORMATION

Did you have contact with any person ill with Coronavirus (COVID-19)

Yes No

You have had an isolation or quarantine indication in the last 14 days?

Yes No

Currently, do you have any of these symptoms?

Fiebre / Fever Tos / Cough Dolor De Garganta / Sore Throat Problemas Para Respirar / Difficulties To Breath

Malestar General / General Malaise Congestión Nasal / Nasal Congestion

I declare under oath, that all data registered in the application are trustworthy.

You must accept the conditions

LEGAL TERMS OF THE STATEMENT.

1. This statement is reserved and the data is only collected for health and safety issues.
2. The owner of personal information gives his free and voluntary consent for the processing of personal data.
3. The processing of personal data is carried out with full respect for the fundamental rights of its holders.
4. The personal data contained in this statement are regulated in subsection 6) of article 16 of Law No. 29733 - Personal Data Protection Law, which authorizes its collection in risky circumstances, for prevention, diagnosis and medical treatment.
5. The person in charge of collecting the information and safeguarding it is the Information Technology and Communications Office, which will adopt the necessary measures to preserve it and guarantee its adequate protection and security.
6. The person in charge of collecting the information undertakes to comply with the provisions of confidentiality of personal data.
7. Disclosure of declared personal information is strictly prohibited unless for health and safety reasons.
8. The provisions of Law No. 29723 - Personal Data Protection Law and its Regulations approved by Supreme Decree No. 003-2013-JUS are applicable to this statement.

Tryk registrere og tjek derefter din mail

 Register