

# Terveysselvitys - Peru

Linkki kaavakkeeseen: <https://djsaludviajero.minsa.gob.pe/dj-salud/>

Sinun tulee täyttää terveysselvityskaavake ennen matkaa Peruun. Linkki kaavakkeeseen yllä.

Valitse kansallisuus

Valitse PASSPORT

Kirjoita passinnumero

Valitse syntymäaika

Valitse kieli

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



PERÚ

Ministerio de Salud

Affidavit of Health and Geolocation Authorization

## I. PERSONAL INFORMATION

Traveler document type: PAS Number: \_\_\_\_\_

Last name: \_\_\_\_\_ First name \*: \_\_\_\_\_

Nationality: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender \*: \_\_\_\_\_

Date of arrival in Peru: \_\_\_\_\_ Flight number \*: \_\_\_\_\_

Country of origin \*: \_\_\_\_\_

Valitse  
Miraflores

Destination department \*: \_\_\_\_\_

Destination Province \*: \_\_\_\_\_

Destination District \*: \_\_\_\_\_

Contact phone number: 45 00 Dit nummer

Contact cell number: 45 00 Dit nummer

Etunimet, kuten passissa

Sukunimi/nimet, kuten passissa

Valitse International trip

Lähtömaa (Finland)

Valitse Lima: department ja Province

Maannumero 358 ja esim. 40 (operaattori, ilman nollaa) ja numero

Sukupuoli

Lennonnumero

Kirjoita e-mailosoite

Valitse Lima: department ja Province

**Real address information**

Department \* Province \* District \*

Valitse  
Miraflores

Matkan ensimmäisen (Lima) hotellin yhteystiedot. (Saat kaikkien matkan hotellien yhteystiedot matkadokumenttien mukana viimeistään noin viikkoa ennen lähtöpäivää).

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

Last name	Sukunimi/nimet kuten passissa	Last name	
First name	Etunimi/nimet kuten passissa	Gender *	MASCULINO / MALE
		Age	Ikä
Symptoms of family member or companion	Family or companion illnesses	<b>+ Add</b>	

Lisää mahd. matkakumppanin nimi

Lisää  
hlö

Jätä tyhjäksi

Muut mahdolliset sairaudet

Oletko ollut äskettäin tekemisissä koronaan sairastuneen hlön kanssa?

Oletko ollut karanteenissa viim 14 vrk:n aikana?

Ruksaa, jos sinulla on nyt jokin tai joitain näistä oireista.

Ruksaa, että kaikki antamasi tiedot ovat oikein.

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.

Valitse Register ja tarkista sen jälkeen saapuneet sähköpostisi.

 Register