

Hälsodeklaration till Peru

Albatros travel

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

Du skall utfylla en hälsodeklaration för inresa till Peru. Länken till deklARATIONEN, finns överst på sidan.

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

Välj Nationalitet

Välj PAS

Skriv Passnummer

Välj födselsdatum

Välj språk

Hälsodeklaration till Peru



PERÚ

Ministerio
de Salud

Affidavit of Health and Geolocation Authorization

Förnamn

Efternamn

Välj International trip

Ditt födelseland

Välj Lima i både department og
Province

För svenska telefonnummer –
Skriv som som beskrivet och
ditt nummer på båda ställena.

I. PERSONAL INFORMATION

Traveler document type: PAS | Number: _____

Last name: _____ | Last name: _____ | First name *: _____

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

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

Country of origin *: _____

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

Contact phone number: 46 | 00 | Ditt nummer

Contact cell number: 46 | 00 | Ditt nummer

Køn

Flynummer

Vælg Miraflores

Skriv din mailadress

Välj Lima i både department
och Province

Real address information

Department * Province * District *

Välj Miraflores

På **Inkarigets skatte**, utfylls:
Av. Petit Thouars 5444,
Miraflores 15074, Peru

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

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

| | | | |
|--|------------|-------------------------------|------------------|
| 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

Tilføj flere

Fyll i dina medresende om du
reser med någon.

Lad denne være blank

Andre sygdomme

Har du varit i kontakt med en corona smittad?



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

Yes No

Har du varit isolerad eller i karantän de senaste 14 dagarna?



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

Yes No

Sätt kryss om du har något av dessa symptom



Currently, do you have any of these symptoms?

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

Malestar General / General Malaise Congestión Nasal / Nasal Congestion

Kryssa i rutan om alla upplysningar du har angett är korrekta



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.

Tryck registrera och titta i din mail efter ditt mail, det kan hamna i skräpposten så titta även där



Register