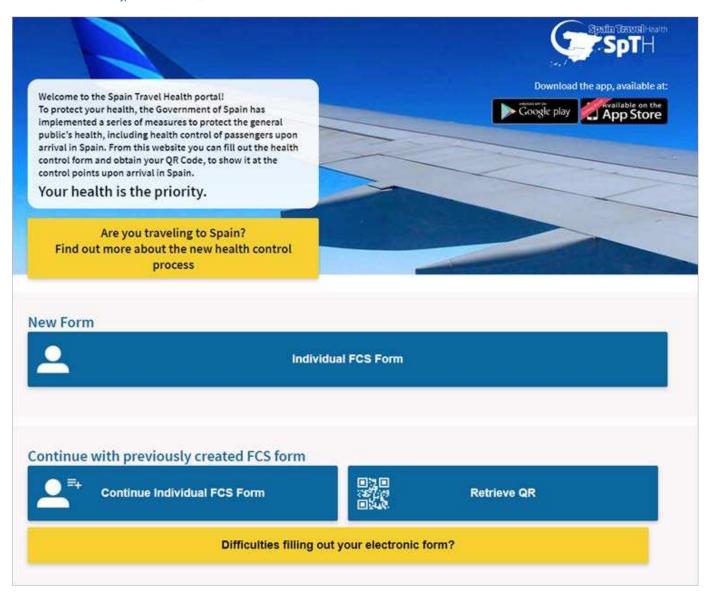
SPAIN TRAVEL HEALTH PORTAL

Stručný průvodce vyplněním vstupního formuláře nutného pro vstup Španělska – upozorňujeme, že níže uvedené má pouze informativní charakter a cestovní kancelář nezodpovídá za chybně uvedené údaje. **Uvedený formulář se vyplní pro každou cestující dospělou osobu zvlášť (k dospělé osobě lze připsat pouze jeden nezletilý cestující).**

UPOZORNĚNÍ: V rámci jednoho formuláře můžeme k dospělé osobě uvést POUZE jednu osobu mladší 18 let, každá další osoba MUSÍ vyplnit nový vlastní formulář!

Na úvodní straně nejprve zvolíme "Individual FCS Form"







| Passenger data | | To create your individual FCS form, fill in all the fields. | | |
|--|------------------------------------|--|----------------|---|
| Name * Surname * Passport number, ID card or personal identifier * | | You will soon receive an e-mail in your email account, with asecurity code and a link to create the form associated with your trip and to get your QR Code. Remember that it is mandatory for all passengers traveling to Spain, and that each form is associated with a single trip, it is Personal and non-transferable | | |
| | | | | |
| | | Flight number * | Arrival Date * | this data and Organic Law 3/2018, of 5 of December, Protection of Personal Data and Guarantee of Digital Rights and other related regulations. The data will be the property of the Ministry of Health. For more |
| E 000 | | The data will be the property of the Ministry of Health. For more information data handling. | | |
| Email * | | YOU SHOULD NOT TRAVEL if you have symptoms compatible with COVID-19 (fever, cough, breathing difficulties), of recent onset, if | | |
| Confirm email address * | | diagnosed with COVID-19 in the past 14 days or if you have had close contact with a confirmed case of COVID-19 in the last two weeks. | | |
| | | | | |
| - 1 - 10 to a ship fell | owing form for a minor or depender | | | |

Name *- jméno Surname * - příjmení Passport number, ID card or personal identifier* - číslo pasu či občanského průkazu Flight number* - číslo letu Arrival Date* - datum příletu Email* - emailová adresa

Confirm email address* - pro potvrzení zadat emailovou adresu znovu

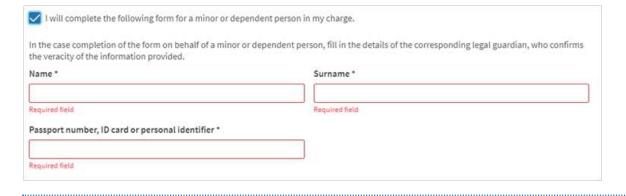
Pokud s Vámi cestuje nezletilý spolucestující zaškrtneme políčko " I will complete the following form for a minor or dependent person in my charge."

A vyplníme následující:

Name *- jméno

Surname * - příjmení

Passport number, ID card or personal identifier* - číslo pasu či občanského průkazu







Poté následují informace ohledně vyplnění a seznámení se s nařízením platných při vstupu do země.

LEGAL INFORMATION Each passenger must fill in a form associated with each trip that is personal and non-transferable. Make sure you fill out this form and sign it before flying to Spain. Remember that, after signing the FCS form, you will receive a OR Code associated with your trip, which you must carry with you on your mobile phone or printed on paper to pass the airport sanitary control. We inform you that the data you provide will be used in order to ensure control of the COVID-19 epidemic and the healthcare of the general public. The person responsible for the treatment of your data is the Ministry of Health of Spain, whose contact information is saniext@mscbs.es. The possible recipients of your data are the competent health authorities. You can exercise the rights of access, rectification, deletion, opposition, limitation of treatment and portability, by contacting the General Sub-Directorate of Health of Foreign Health. The contact details of the Data Protection Officer are delegadoprotecciondatos@mscbs.es. If you want more information about the use of personal data, click here. For more information on health measures related to the COVID-19 epidemic, click here. To access information on health measures related to the COVID-19 epidemic, in other languages, click here. The signing of this form carries the responsibility on the veracity of the information, the acceptance of the legal conditions, of data processing and compliance with health regulations indicated at any time by the authorities. If you are a minor, or a dependent, the form must be signed by your legal guardian. I'm not a robot Yes, I have read and understand the information and accept these terms. *

Pro pokračování je nutné nejprve potvrdit funkcí "I'm not a robot" – nejsem robot a následně potvrdit "Yes, I have read and understand the information and accept these terms." Ano, přečetl (a) jsem si tyto informace a rozumím jim a přijímám tyto podmínky. A nakonec zvolit políčko "Send" – poslat.

Na Vámi zadaný email Vám bude doručeno následující:

SpTH

Hello,

You have requested the creation of a health control form (FCS) for your next trip to Spain on the SpTH portal.

THE FCS FORM CODE FOR YOUR TRIP IS: 262767

To complete the health control form, you can do it in two ways.

1.- Directly accessing this URL:

spth.gob.es/recover/5bb2e0f9-5f5f-489c-a1f1-19a7f5561801

Form identifier: 5bb2e0f9-5f5f-489c-a1f1-19a7f5561801

2.- Accessing the portal spth.gob.es, clicking on the button "Continue Individual Form" and then enter the Passport number, DNI, NIE or Personal ID number with which you made the request and including the code: 262767

Remember that you can start your form whenever you want, but you can only complete the health and travel history questions and accept it in the last 2 days before your arrival in Spain.

If you travel to Spain from any country, it is necessary to complete this form, and have the QR code associated with your trip. You must present this document at the sanitary control of the destination airport. Each passenger must have their own form and QR code for each trip they make to Spain.

REMEMBER: You should NOT travel if you have symptoms compatible with COVID-19: fever, cough, breathing difficulties, that have started in the last 14 days or you have been diagnosed with COVID-19 in the last 14 days.

You have received this email because you have requested the creation of a health form to travel to Spain with the SpTH application or through the website. If you are not the recipient, please ignore it.





Pomocí odkazu v bodě 1 se dostanete na následující formulář:

| | You will have received an email from the address spaintravelhealth-no- reply@spth.gob.es, subject: Spain Travel Health: Form registration. In this email we have sent you the individual form code, and a link that provides direct access to the form. | | |
|-----------------|--|--|--|
| Security Code * | | | |
| I'm not a robot | Your personal data will be treated in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council, of April 27, 2016, regarding the protection of natural persons with regard to the treatment of their personal data and the free circulation of these data and Organic Law 3/2018, of December 5, on Protection of Personal Data and Guarantee of Digital Rights and other related regulations. | | |
| Continue | The data will be the property of the Ministry of Health. For more information data handling. | | |

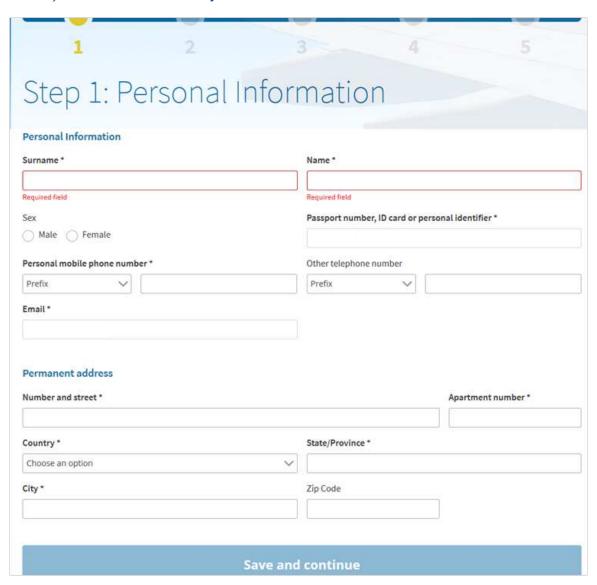
Zde vyplníte:

Passport number, ID card or personal identifier* - číslo pasu či občanského průkazu Security Code* - bezpečnostní kód (naleznete jej v doručeném emailu v bodě 2)

Pro pokračování je nutné nejprve potvrdit funkcí "I'm not a robot" – nejsem robot a následně zvolit "Continue" – pokračovat







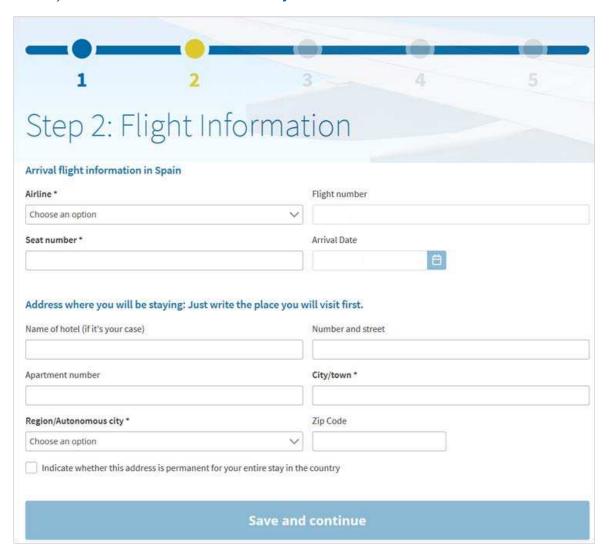
Name *- jméno Surname * - příjmení Passport number, ID card or personal identifier* - číslo pasu či občanského průkazu Personal mobile phone number* - mobilní telefonní číslo Arrival Date* - datum příletu Email* - emailová adresa

Permanent address – adresa trvalého bydliště

Number and street* - číslo a ulice Apartment number* - číslo domu Country* - Země State/Province * - stát (CZ) City* - Město Zip Code – PSČ Po zadání zvolíme "Save and continue" – Uložit a pokračovat







Airline* - letecká společnost (SMARTWINGS, A.S.) Seat number* - číslo sedadla

Address where you will be staying: Just write the place you will visit first.

Adresa Vašeho hotelu

City/town * - Město Region/Autonomus city * - Region – (Illes Balears)

Po zadání zvolíme "Save and continue" – Uložit a pokračovat





YOUR FORM HAS BEEN SAVED. YOU MAY COMPLETE THE PROCESS WHEN THERE ARE 48 HOURS LEFT FOR ARRIVAL IN SPAIN

The following steps of the form will remain blocked until 48 hours before your arrival in Spain.

We need your answers to be close in time to the date of travel to protect your health and that of others.

Your trip form has been saved. You can continue this form 48 hours before your arrival in Spain, using the link sent to your email, or from our home page, "Continue Form" button. You can obtain your QR code after validating the complete form.

Return to main page

Pro návrat ve vyplnění formuláře využijete odkazu v doručeném emailu

SpTH

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THE FCS FORM CODE FOR YOUR TRIP IS: 262767

To complete the health control form, you can do it in two ways.

1.- Directly accessing this URL:

spth.gob.es/recover/5bb2e0f9-5f5f-489c-a1f1-19a7f5561801

Form identifier: 5bb2e0f9-5f5f-489c-a1f1-19a7f5561801

2.- Accessing the portal spth.gob.es, clicking on the button "Continue Individual Form" and then enter the Passport number, DNI, NIE or Personal ID number with which you made the request and including the code: 262767

Remember that you can start your form whenever you want, but you can only complete the health and travel history questions and accept it in the last 2 days before your arrival in Spain.

If you travel to Spain from any country, it is necessary to complete this form, and have the QR code associated with your trip. You must present this document at the sanitary control of the destination airport. Each passenger must have their own form and QR code for each trip they make to Spain.

REMEMBER: You should NOT travel if you have symptoms compatible with COVID-19: fever, cough, breathing difficulties, that have started in the last 14 days or you have been diagnosed with COVID-19 in the last 14 days.

You have received this email because you have requested the creation of a health form to travel to Spain with the SpTH application or through the website. If you are not the recipient, please ignore it.





Pomocí odkazu v bodě 1 se dostanete na následující formulář:

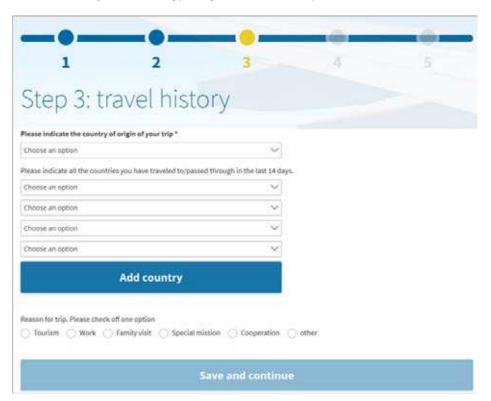
| Security Code * | You will have received an email from the address spaintravelhealth-reply@spth.gob.es, subject: Spain Travel Health: Form registration. In this email we have sent you the individual form code, and a link that provides direct access to the form. | | |
|-----------------|--|--|--|
| I'm not a robot | Your personal data will be treated in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council, of April 27, 2016, regarding the protection of natural persons with regard to the treatment of their personal data and the free circulation of these data and Organic Law 3/2018, of December 5, on Protection of Personal Data and Guarantee of Digital Rights and other related regulations. | | |
| Continue | The data will be the property of the Ministry of Health. For more information data handling. | | |

Zde vyplníte:

Passport number, ID card or personal identifier* - číslo pasu či občanského průkazu Security Code* - bezpečnostní kód (naleznete jej v doručeném emailu v bodě 2)

Pro pokračování je nutné nejprve potvrdit funkcí "I'm not a robot" – nejsem robot a následně zvolit "Continue" – pokračovat

Zobrazí se Vám již částečně vyplněný formulář a bude pokračovat Krokem 3



Please indicate the country of origin of your trip * - Uved'te zemi původu vaší cesty *

Reason for trip. Please check off one option – vyberte účel cesty, zadejte prosím jednu možnost

• Tourism – Turismus

Pro pokračování zvolíme "Save and continue" – Uložit a pokračovat





Volíme možnosti yes no / ano ne

| CREATE NEW FORM | | 83116c12-1d0c-436f-96dd-e3bdc72ba297 | | | |
|--|--|--|---------------------------|--------------------------|--|
| | | 0 | - | | |
| 1 | 2 | 3 | 4 | | |
| Step 4: He | ealth Quest | ionnai | re | | |
| medical evaluation will be carrie | ERGENCY DECLARED BY COVID-19, i d out upon arrival. | 8 8 | 50 | estions. If necessary, a | |
| Have you been in contact with a | person that has been a confirmed | case for COVID-19 du | iring the last 14 days? * | | |
| Have you had any of the following days?. * Yes No | ng symptoms during the past 14 | Please indicate the symptom(s) you have. Fever Difficulty breathing Cough | | | |
| Have you been to or visited a ho | ospital in the last 14 days * | | | | |
| Have you visited any live anima Yes No | l markets in the last 14 days? * | | | | |
| | Save a | and continue | | | |

Have you been in contact with a person that has been a confirmed case for COVID-19 during the last 14 days? * - Byl jste v posledních 14 dnech v kontaktu s osobou, která byla potvrzeným případem COVID-19?

Have you had any of the following symptoms during the past 14 days? * - Měli jste během posledních 14 dnů některý z následujících příznaků?

Please indicate the symptom(s) you have. - Uveďte příznaky, které máte. Fever Difficulty breathing Cough – Horečka Obtížné dýchání Kašel

Have you been to or visited a hospital in the last 14 days * - Byl / a jste v posledních 14 dnech hospitalizován / a v nemocnici

Have you visited any live animal markets in the last 14 days? * - Navštívili jste v posledních 14 dnech nějaké trh/obchod se živou zvěří?

Pro pokračování zvolíme "Save and continue" – Uložit a pokračovat





Dále se objeví:



Do you want to save the information? - Chcete informace uložit? Once saved, it cannot be modified. - Po uložení již nelze upravovat.

Pokračujeme Krok 5 – Čestným prohlášením



I promise that if during the 14 days after entering Spain I present symptoms of acute respiratory infection (fever, cough or breathing difficulties), I will isolate myself at home or place of residence, conducting self-monitoring of the symptoms of the coronavirus and I will contact the competent health authorities by telephone.

I agree to carry out those indications and measures that the health authorities indicate.

And I hereby confirm the veracity of the information provided.

Prohlašuji, že pokud se u mě během 14 dnů po vstupu do Španělska projeví příznaky akutní respirační infekce (horečka, kašel nebo dýchací potíže). Zůstanu v izolaci, provedu vlastní sebekontrolu příznaků koronaviru a telefonicky kontaktuji příslušné zdravotnické orgány.

Souhlasím s tímto postupem a opatřeními, které zdravotnické orgány požadují.

A tímto potvrzuji pravdivost poskytnutých informací.

Indicate for acceptance * - Zvolíme pro souhlas

A následně zvolíme "End process" konec procesu.

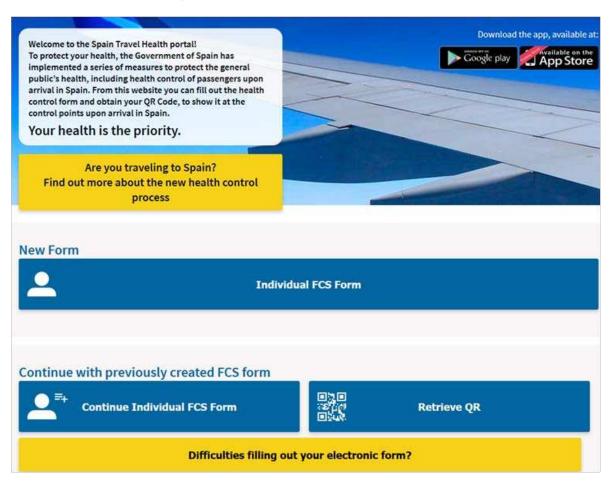




Dále se objeví:



A následně zvolíme "**Finalize**", což vám zobrazí hlavní stránku. Poté na hlavní stránce zvolíme "**Retrive QR**"







Objeví se následující:



Zde vyplníte:

Email* - Email

Passport number, ID card or personal identifier* - číslo pasu či občanského průkazu

Pro pokračování je nutné nejprve potvrdit funkcí "I'm not a robot" – nejsem robot a následně zvolit "Continue" – pokračovat

Následně Vám bude doručen QR kód na Váš email – **který si uložte do Vašeho el. zařízení, které budete mít sebou, či vytiskněte.**

SpTH Hello, You have requested a new send of your QR code associated with your trip. You must present this document at the sanitary control of the destination airport. You can print it or show it from your mobile. This document is personal and non-transferable. You are responsible for the information provided, that is included in this document or QR. You are also responsible for its custody. We recommend its destruction / deletion after having shown it at the airport health control. You must follow the instructions of the personnel who are in the airport control, at all times, as well as comply with all the hygienic-sanitary measures established by the sanitary authorities. For more information, consult the SpTH portal (spth.gob.es), or download the "SpTH" mobile application available for Android or iPhone. You have received this email because you have completed a mandatory health form to travel to Spain with the SpTH application. If you are not the recipient, please ignore it.





