スペイン旅行前健康状態申告システム(アプリも基本的には同様)

 ホームページ上(https://www.spth.gob.es/)では、言語を英語、スペイン語、フランス語、ドイ ツ語から選択可能。



※上記画面の黄色の箇所(Find out more about the new health control process)をクリックすると、 アプリなどの使用方法に関する説明ビデオ(https://www.spth.gob.es/more)を観ることが出来る。 言語は、英語かスペイン語のみで、ドイツ語及びフランス語を選択すると英語のビデオが流れる。



② ホーム画面で Individual FCS Form のボタンをクリックすると、以下の画面が表示されるので、 個人情報やフライト予定を入力する。入力が完了すると、登録したメールアドレス先にセキュ リティーコードが届く。

GOBIERNO DE ESPAÑA MINISTERIO DE SANIDAD	Spain Travel Health	Select language:			
Passanger data		To create your individual FCS form, fill in all the fields.			
Name *		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.			
Required field		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			
Required field Passport number, ID card	or personal identifier *	Your personal data will be treated in accordance with the Regulation: for (EU) 2016/679 of the European Parliament and of the Council of 27 April of 2016, regarding the protection of natural persons in what Regarding the processing of your personal data and free circulation o this data and Organic Law 3/2018, of 5 of December, Protection of Personal Data and Guarantee of Digital Rights and other related regulations.			
Flight number *	Arrival Date *	The data will be the property of the Ministry of Health. For more information data handling.			
Required field	Required field	YOU SHOULD NOT TRAVEL if you have symptoms compatible with COVID-19 (fever, cough, breathing difficulties), of recent onset, if 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.			

③ 登録したメールアドレスに届いたセキュリティーコードを身分証明(旅券番号等)とともに入力 し、次に進む。

Passport number, ID card or personal identifier * Required field Security Code * Im not a robot Reprint Repr	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. 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 Hess data and Organic Law 3/2018, of December 5, on Protection of Personal Data and Guarantee of Digital Rights and other related regulations.			
Continue	information spth.gob.es/tratamiento-datos.html>			

④ ステップに沿って必要事項を入力していく。随時, 言語は英語, スペイン語, フランス語, ドイツ 語に変更出来る。入力途中でも変更可能。

ステップ 1 個人情報の	1 ¹⁸⁸⁰ 入力	SpTH Spain Travel Health		Elija idioma:	Español 🗸 🗸	2
					Español Français Deutsch	
FO	RMULARIO DE	CONTROL SANITARIO	e9a4	ld4c9-a09b-414d-aceb-8	67f6f1e15e3	
-					-	_
land	1	2	3			_
P	aso 1:	informacić	on persoi	nal		
Info Apel	ormación personal lidos *		Nombre *			
Sexo) Masculino 🔵 Feme	enino	Número de pa	saporte, DNI o identifica	dor personal *	
ステップ フライト情報の	2 ^{2の} の入力	SpTH Spain Travel Health		Elija idioma:	Español V	Traval Health
					S	pTH
F		E CONTROL SANITARIO	e9a	4d4c9-a09b-414d-aceb-8	67f6f1e15e3	
				-	_	
al lander	1	2				
						~
F	Paso 2:	informació	ón del via	aje		
In	nformación del vue	lo de llegada a España				
Líi	nea aérea *		Número de vu	ielo		
Nt	úmero de asiento		Fecha de llega 2020/07/17	ada 🖨		

※渡航予定日が2日以上前だと、ステップ2の後で中断される。渡航予定日が2日以内になった時点で、ステップ3へ進み、出発国や経由国、健康状態の入力に進む。





Please indicate the country of origin of your trip *



Reason for trip. Please check off one option

O Tourism ○ Work ○ Family visit ○ Special mission ○ Cooperation ○ other



Mandatory for entry into Spain

IN RELATION TO THE HEALTH EMERGENCY DECLARED BY COVID-19, it is mandatory that you answer the following questions. If necessary, a medical evaluation will be carried out upon arrival.

Fever Difficulty breathing Cough

Have you been in contact with a person that has been a confirmed case for COVID-19 during the last 14 days? * Yes No

Have you had any of the following symptoms during the past 14 days?. Please indicate the symptom(s) you have.



Have you been to or visited a hospital in the last 14 days *

🔵 Yes 🔵 No

Have you visited any live animal markets in the last 14 days? *



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.

Indicate for acceptance *

By accepting you are attesting to the veracity of the answers provided in this questionnaire and all the conditions mentioned in the data protection.

End process



⑤ 全てのステップが終了すると、登録したメールアドレスに QR コードが送られてくる。 QR コードは、空港で提示する必要がある。

