

Tips - Peru Affidavit of Health and Geolocation Authorization

The online form can be found here: <https://e-notificacion.migraciones.gob.pe/dj-salud/>

1. Nationality: Your nation of origin as listed on the passport you will be using to travel. US travelers: look for **EE.UU** (this is Spanish for USA)
2. Date of Birth: Your Date of Birth (Will show in Day/Month/Year Format)
3. US Country code is 001
4. Contact phone: Enter your cell phone number (If it says # is too short please include area code again)
5. Destination department: LORETO
6. Destination Province: MAYNAS
7. Destination District: IQUITOS
8. Hotel: TAHUAYO LODGE
9. Address in Peru: 100 Avenida La Marina
10. "IF YOU ARE A RESIDENT IN PERU" Due to a glitch, it may still ask you to fill out the address. Please fill with our information if needed (above).
11. See example forms on the next page for more information.

Please let us know if you have any questions!

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Person search

Nationality *
EE.UU

Type of document *
PAS

Number of document
123456

Date of birth
11/7/1994

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

Search

English

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I. PERSONAL INFORMATION

Traveler document type
PAS

Number
343534

Last name
DOE

Last name
Last name

First name
JOHN

Nationality
EE.UU

Date of birth
11/7/1980

Gender *
MASCULINO / MALE

National trip International trip

Date of arrival in Peru
28/8/2021

Country of origin *
EE.UU

Destination department *
LORETO

Destination Province *
MAYNAS

Destination District *
IQUITOS

Contact phone number

Country code
001

City code
000

Contact phone number
000000

Contact cell number

Country code
001

City code
000

Contact cell number
00000000

Email
YOUREMAIL@GMAIL.COM

II. IF YOU ARE RESIDENT IN PERÚ

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II. IF YOU ARE RESIDENT IN PERÚ

Real address information

Departament	Province	District
Real address		
Please indicate the people with whom you will be accompanied at your real address		
Last name	Last name	
First name	Gender * MASCULINO / MALE	Age
Symptoms of family member or companion	Family or companion illnesses	+ Agregar

III. HEALTH INFORMATION

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

 Yes No

Have you had an isolation or quarantine indication in the last 14 days?

 Yes No

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III. HEALTH INFORMATION

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

 Yes No

Have you 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, to have a negative result of a molecular test (rt-PCR or antigenic) granted within 72 hours prior to the date of travel or with an epidemiological discharge issued by a registered doctor accompanied by a laboratory result that certifies more than 14 days from onset of symptoms

 I accept the geolocation of my declared cell phone.

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

TÉRMINOS LEGALES DE LA DECLARACIÓN

- La presente declaración tiene carácter de reservada y los datos proporcionados son únicamente recabados para temas de seguridad y salud.
- El titular de la información personal presta su consentimiento libre y voluntario para el tratamiento de los datos personales.
- El tratamiento de los datos personales se realiza con pleno respeto de los derechos fundamentales de sus titulares.
- Los datos personales contenidos en la presente declaración, se encuentra regulada en el inciso 6) del artículo 16 de la Ley N° 29733 – Ley de Protección de Datos Personales, que autoriza a su recopilación en circunstancia de riesgo, para la prevención, diagnóstico y tratamiento médico.
- El encargado de recabar la información y de resguardar la misma es la Oficina de Tecnologías de La Información y Comunicaciones, quien adoptara las medida necesarias para conservar la misma y garantizar su adecuada protección y seguridad.
- El encargado de recabar la información se compromete a cumplir con las disposiciones de confidencialidad de los datos personales.
- Queda totalmente prohibida la divulgación de la información personal declarada a menos que sea por motivos de seguridad y salud.
- Es de aplicación a la presente declaración lo dispuesto por la Ley N° 29723 – Ley de Protección de Datos Personales y su Reglamento aprobado por el Decreto Supremo N° 003-2013-JUS

 Register

English

Please let us know if you have any additional questions!