



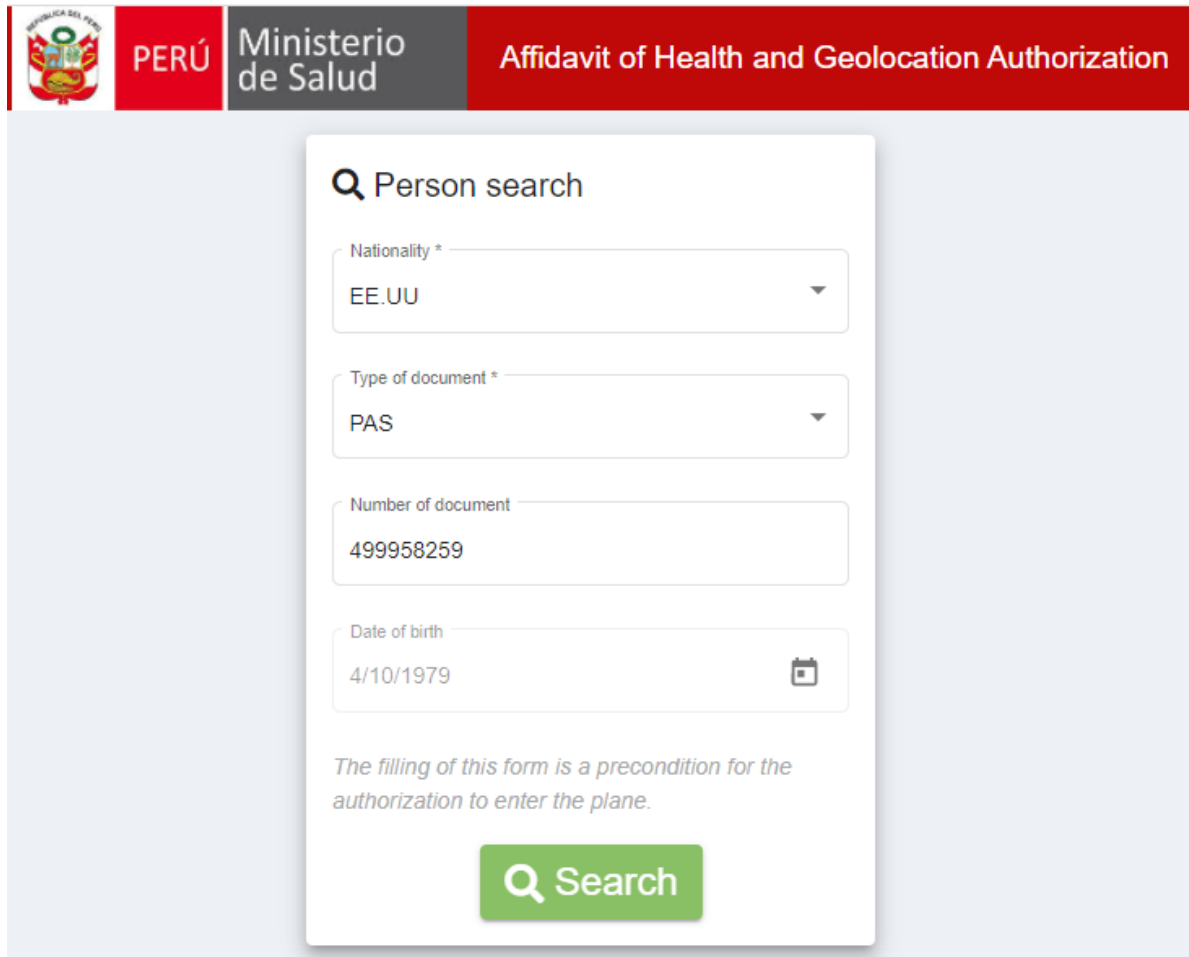
Peru – Affidavit of Health and Geolocation  
Authorization

## PERU – Affidavit of Health and Geolocation Authorization

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

Timeline: Within 72 hours of your departure flight to Peru

***Click the link. You will be brought to this screen.***



PERÚ Ministerio de Salud Affidavit of Health and Geolocation Authorization

**Person search**

Nationality \*  
EE.UU

Type of document \*  
PAS

Number of document  
499958259

Date of birth  
4/10/1979

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

**Search**

***Click on Nationality and select EE.UU if you carry a US passport.***

***Click on Type of Document and select PAS for passport.***

***Enter passport number and select your date of birth.***

***Then click “Search”***

***You are then brought to a page to enter your personal information. Fill out the form.***

I. PERSONAL INFORMATION

Traveler document type  
PAS

Number  
499958259

Last name  
SMITH

Last name

First name \*  
JANE

Nationality  
EE.UU

Date of birth  
4/10/1979

Gender \*  
FEMENINO / FEMALE

☐ National trip ☒ International trip

Date of arrival in Peru  
15/1/2022

Flight number \*  
NK977

Country of origin \*  
EE.UU

Destination department \*  
LIMA

Destination Province \*  
LIMA

Destination District \*  
MIRAFLORES

Contact phone number

Country code \*  
51

City code \*  
01

Contact phone number \*  
17155515

Contact cell number


Country code \*  
51

City code \*  
01

Contact cell number \*  
17155515

- For “Date of arrival in Peru” click the date that applies to your arrival in country.
- For “Flight number” enter the number of the flight with which you will enter the country.
- For “Country of origin” click the “EE.UU” option (if you are American and traveling from the US)
- For “Destination department” select “Lima”
- For “Destination province” select “Lima”
- For “Destination district” select “Miraflores”
- For both “Contact phone number” and “Contact cell number” enter the numbers shown above for our Lima hotel, Belmond Miraflores Park:
  - Country code - 51; City code - 01, Contact phone number - 1715 5515

**Scroll down and fill out the additional fields shown:**



PERÚ

Ministerio de Salud

Affidavit of Health and Geolocation Authorization

Email \*

Requerido

**Real address information**

Departament \*

Province \*

District \*

Real address after the isolation \*

**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

+ Add

- **Enter your personal email address.**
- **For “Department” select “Lima”**
- **For “Province” select “Lima”**
- **For “District” enter “Miraflores”**
- **For “Real address after the isolation” enter the address of your Tauck hotel:**
  - **Av. Malecon de la Reserva 1035, Miraflores, Lima 18, Peru**
- **The section regarding people with whom you will be accompanied should be left blank.**

**Scroll down. Fill out the health information section.**

## 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 Breathe  
☐ Malestar General / General Malaise ☐ Congestión Nasal / Nasal Congestion

☒ I accept the geolocation of my declared cell phone.

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

**Check the box for both of the “I accept” and “I declare” statements.**

**Scroll down and click the green Register button.**

### 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.

 **Register**

**You will be brought to a confirmation form that you can save (Descargar) and print (Imprimir) by clicking the appropriate button. Please save and print to bring with you on the flight (see sample document below).**

**PERÚ**Ministerio  
de Salud

## DECLARACIÓN JURADA DE SALUD Y COMPROMISO PARA COMUNICAR A LA AUTORIDAD DE SALUD

**DJ Número : 2073967**

Yo, JOHN SMITH , con PAS N° 499958259; con domicilio en AV. MALECON DE LA RESERVA 1035, MIRAFLORES, LIMA 18, PERU; distrito de MIRAFLORES; provincia de LIMA; departamento de LIMA; N° teléfono fijo 51-01-17155515, N° de celular 51-01-17155515; correo electrónico JSMITH@GMAIL.COM

### DECLARO BAJO JURAMENTO

Que, conforme a lo estipulado por la Resolución Ministerial 627-2020-MINSA;

Sí ( ) o No (X) he tenido contacto con alguna persona enferma de Coronavirus (COVID-19) en los últimos 14 días.

Si ( ) o No (X) he tenido indicación de aislamiento o cuarentena en los últimos 14 días.

Síntoma	Sí	No
FIEBRE / FEVER	-	X
TOS / COUGH	-	X
DOLOR DE GARGANTA / SORE THROAT	-	X
PROBLEMAS PARA RESPIRAR / DIFICULTIES TO BREATH	-	X
MALESTAR GENERAL / GENERAL MALAISE	-	X
CONGESTIÓN NASAL / NASAL CONGESTION	-	X

Me comprometo de comunicar a la autoridad de salud de mi jurisdicción, cuando presento sintomatología compatible al COVID 19, dentro de los 14 días de llegada al país.

Asimismo, me sujeto a las disposiciones que emita la autoridad sanitaria correspondiente (Dirección de Redes Integradas de Salud – DIRIS, Dirección Regional de Salud – DIRESA / Gerencia Regional de Salud – GERESA) para el seguimiento según lo estipulado.

En caso de comprobarse falsedad alguna, la Autoridad correspondiente podrá someterme a las sanciones contempladas en el Art. 427° del Código Penal.

13 de ENERO de 2022

*La presente Declaración Jurada responde a la verdad de los hechos, formulándola en virtud del Principio de Presunción de Veracidad previsto en los artículos IV numeral 1.7 y 42° de la Ley de Procedimiento Administrativo General, aprobada por la Ley N° 27444; y tengo conocimiento, que si lo declarado es falso, estoy sujeto a los alcances de los establecido en los artículos 411° y 438° del Código Penal, que establece: "(...) será reprimido con pena privativa de libertad no menor de uno ni mayor de 04 años, para los que hacen una falsa declaración, violando el principio de veracidad y para aquellos que cometen falsedad, simulando o alterando la verdad". El ministerio de Salud, a través de sus órganos y/u organismos descentralizados competentes, bajo el principio de control posterior efectuará la verificación de la información proporcionada.*

*\*Descargado del formato virtual de Migraciones*



<https://www.gob.pe/minsa/>

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