



Chile – Pasaporte Sanitario

## Chile Pasaporte Sanitario

This form is the "Traveler's Affidavit" and must be filled out electronically up to 48 hours before entry. To complete this form, you will need to have submitted proof of your vaccination online at [mevacuno.gob.cl](https://mevacuno.gob.cl). Approval of the vaccine by the Chilean Ministry of Health is required **before** the Traveler's Affidavit can be completed.

To complete the "Traveler's Affidavit" online form, you will need to upload two PDF's: **proof of insurance**, and your negative **PCR test results**.

Find the form at [www.c19.cl](https://www.c19.cl)



Click "Turista" to get to the next page



Scroll to the bottom of the page, and press the "Aceptar y continuar" button



**On the next page click “International Traveler’s Affidavit”**



**C19** Pasaporte  
Sanitario

Llegada Internacional

*International Arrival*

Viajeros provenientes del exterior

*Travellers from abroad*



DECLARACIÓN JURADA VIAJEROS  
INTERNACIONALES



INTERNATIONAL TRAVELERS AFFIDAVIT

**This brings you to the form to fill out with your personal information. Note: Nationality and country of residence are “Estados Unidos.”**



## AFFIDAVIT FOR TRAVELLERS TO PREVENT CORONAVIRUS DISEASES (COVID-19)

THIS FORM CAN BE COMPLETED UP TO 48 HOURS BEFORE THE SCHEDULED/ESTIMATED ARRIVAL TIME IN CHILE (LOCAL TIME).

### 1. TRAVELER PERSONAL INFORMATION (Complete one form per traveler. For people under the age of 18, the form must be signed by the mother, father or guardian.)

LAST NAME \*

Smith

NAME \*

John

SEX \*

Male

DATE OF BIRTH \*

04/10/1979

NACIONALITY \*

ESTADOS UNIDOS

TRAVEL DOCUMENT \* (If you are Chilean or resident foreigner, you must complete your affidavit with the RUN travel document)

PASSPORT

TRAVEL DOCUMENT NUMBER \* (Remember to enter the same travel document number with which your vaccines were validated)

499958259

OTHER TRAVEL DOCUMENT

LOCAL IDENTIFICATION (DNI)

ANOTHER TRAVEL DOCUMENT NUMBER (Remember to enter the same travel document number with which your vaccines were validated)

COUNTRY OF RESIDENCE \*

ESTADOS UNIDOS

TYPE OF TRAVELER \*

PASSENGER

**Scroll down for the rest of the form and fill it in.**

**Note: for pre-stay guests (staying at the Singular Santiago), you should select “METROPOLITANA DE SANTIAGO” as your region and the commune is “SANTIAGO.” The address is “Merced,” number “294”**


### 2. CONTACT INFORMATION

EMAIL \* (Remember to enter a valid email, your Health Passport will be sent to the email entered here. Your email must match the email entered at the time of validating your vaccines)

EMAIL

CONFIRM YOUR EMAIL \*

CONFIRM YOUR EMAIL

CONTACT NUMBER \* 

### 3. ADDRESS WHERE THE ISOLATION WILL BE PERFORMED

REGION \* (Remember that the journey to the address where the isolation will be carried out must be direct and you will not be allowed to use major collective transport, including buses and planes)

METROPOLITANA DE SANTIAGO

COMMUNE 

SANTIAGO

ADDRESS \* (Indicate street only)

Merced

NUMBER \* (Indicate only the number)

294

APARTMENT


APARTMENT

**\*\*For other guests (staying at the Singular Patagonia), the Region is “MAGALLANES Y DE LA ANTARTICA CHILENA” and the commune is “NATALES.” The address is “Km 5,” number “5 Norte S/N”**

### 3. ADDRESS WHERE THE ISOLATION WILL BE PERFORMED

REGION \* (Remember that the journey to the address where the isolation will be carried out must be direct and you will not be allowed to use major collective transport, including buses and planes)

MAGALLANES Y DE LA ANTÁRTICA CHILENA

COMMUNE 

NATALES

ADDRESS \* (Indicate street only)

Km 5

NUMBER \* (Indicate only the number)

5 Norte S/N

APARTMENT

APARTMENT

**For the following question, “Do you share the address,” respond “No” if traveling alone, “Yes” if sharing a room.**

DO YOU SHARE THE ADDRESS WHERE YOU WILL PERFORM THE ISOLATION? \*

YES

COHABITANTS (ENTER IDENTITY DOCUMENT FOR ISOLATION)

Everyone who share an address (the complete household) where the traveler will be isolated must carry out the same days of isolation as the traveler. This will be supervised in person by the Health Authority. In case of giving false information or not complying with the isolation, they will be sanctioned according to the provisions of Book X of the Health Code, the Penal Code and Law N° 20.393, if appropriate.

For Chileans and foreigners with residence, enter the RUN number.

**If answering “Yes,” a new question appears, asking you to add contact information for the person with whom you are sharing your room. Enter the relevant information.**

### Cohabitant 1

NAME \*

Jane

LAST NAME \*

Smith

TRAVEL DOCUMENT \*

PASSPORT

TRAVEL DOCUMENT NUMBER \*

561760883

*The next section, "Border Control Information," asks about your flight details. The "Border Entry Control Name" is the name of the airport where you will arrive in Chile. You can find this information in your flight details.*

### 4. BORDER CONTROL INFORMATION

CONVEYANCE MEDIUM \*

AIR

BORDER ENTRY CONTROL NAME \*

CHOOSE BORDER ENTRY CONTROL NAME

SCHEDULED OR ESTIMATED TIME AND DATE OF ENTRY \*

DD/MM/YYYY

HH:mm 24hrs

*For the last section, "Traveler's Health History," you will upload PDFs of your proof of insurance and PCR test results.*

### 5. TRAVELER'S HEALTH HISTORY (Remember that to enter Chile you must present a PCR test for SARS-COV-2 with a negative result)

¿DO YOU HAVE A HEALTH INSURANCE ACCOUNTING EQUAL OR GREATER VALUE THAN USD 30,000 TO ENTER THE COUNTRY? \*

YES

UPLOAD HEALTH INSURANCE \*

SELECT FILE

UPLOAD FILE

WAS A PCR TEST PERFORMED AT A LABORATORY RECOGNIZED BY THE LOCAL HEALTH AUTHORITY IN THE LAST 72 HOURS? \*

YES

### HISTORY OF THE PCR EXAM

COUNTRY WHERE THE EXAM WAS TAKEN \*

ESTADOS UNIDOS

GMT LOCATION \*

GMT -6:00

DATE AND TIME WHEN THE EXAM SAMPLE WAS TAKEN (MUST MATCH THE LABORATORY REPORT) \*

DD/MM/YYYY

HH:mm 24hrs

RESULT REPORTED BY THE LABORATORY \*

NOT REACTIVE OR NEGATIVE

UPLOAD LABORATORY REPORT \*

SELECT FILE

UPLOAD FILE

Choose "Select file" to find the appropriate document for each. Then you will see your document in the form.

**5. TRAVELER'S HEALTH HISTORY** (Remember that to enter Chile you must present a PCR test for SARS-COV-2 with a negative result)

¿DO YOU HAVE A HEALTH INSURANCE ACCOUNTING EQUAL OR GREATER VALUE THAN USD 30,000 TO ENTER THE COUNTRY? \*

YES

UPLOAD HEALTH INSURANCE \*

SELECT FILE

PLF.pdf

UPLOAD FILE

Then press "Upload file." You will get a message that the file has been uploaded successfully.

**5. TRAVELER'S HEALTH HISTORY** (Remember that to enter Chile you must present a PCR test for SARS-COV-2 with a negative result)

¿DO YOU HAVE A HEALTH INSURANCE ACCOUNTING EQUAL OR GREATER VALUE THAN USD 30,000 TO ENTER THE COUNTRY? \*

YES

100%

FILE UPLOADED SUCCESSFULLY

Do the same to upload your PCR results. At the bottom of the form, click the "Deposition" checkbox, then click the "Send" button.

☒ Deposition

The non-veracity of the information in this affidavit shall be sanctioned in accordance with the provisions of Book X of the Health Code and the Criminal Code.

I declare that for 10 days I will fill in the symptoms and location self-report form sent to the email registered in the affidavit.

Accept [Terms and Conditions](#), [Security Policy C19](#)

SEND