

Communication of belonging to at-risk population for COVID-19

Fill this form in case to communicate that you are part of the at-risk population for COVID-19 established by health authorities

* Campos obligatorios

Surname Obligatorio

Name Obligatorio

NIE/Passport Obligatorio

Email Obligatorio

Please make sure you enter your email correctly, as email would be the primary way of interaction

Phone Obligatorio

Group Obligatorio



Studies / Department / Service Obligatorio

Risk-Group Obligatorio

Comments

Use this space to include any relevant information with respect to your request

Enviar