Argentina Health Declaration Form – Tutorial For Antarctic Cruise Travelers

Please note that the Argentina Health Declaration Form may change without notice. We provide this tutorial as a service to our clients and bear no responsibility for mistakes or inaccurate forms. If you find the online declaration form to be different than described in this tutorial please contact us and we'll work to fix it.

1. Open the form at https://ddjj.migraciones.gob.ar/app/home.php
2. Click on English, if you would like to complete the form in English.

Affidavit

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Language ○ 🇪🇸 Español ⦿ 🏴 English

> The DDJJ must be filled out within 48 hours prior to the trip
>
> In the case of minors or people with disabilities who cannot do it on their own, it will be the father, mother or person in charge who must complete the required data on behalf of of them.
>
> People over 70 years of age are exempt from the obligation to perform the DDJJ electronically.

3. Enter your passport issuing country. Note the country names are in Spanish:

Enter the necessary fields to upload the request

Travel Document Issuing Country (*)

--

DOMINICA
ECUADOR
EGIPTO
EL SALVADOR
EMIRATOS ARABES UNIDOS
ERITREA
ESLOVAQUIA
ESLOVENIA
ESPAÑA
ESTADOS UNIDOS DE AMERICA
ESTONIA
ESWATINI
ETIOPIA
FILIPINAS
FINLANDIA
FIYI
FRANCIA
GABON
GAMBIA

4. Complte other required fields, agree to terms and submit:

Affidavit

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✓

Step 1 done - Only need to complete step 2

To do this, we have sent you a confirmation e-mail to your registered mailbox, so that you can continue with step 2 of uploading the Affidavit.
If you do not receive it in the next few minutes, check your Junk / Spam mailbox

5. You will receive an email notification in Spanish. If you don't see it check your spam folder.

Migraciones PORTAL DE NOTIFICACIONES

DDJJ electrónica para el ingreso / egreso al Territorio Nacional

Nos comunicamos con Usted en relación a la presentación de su DDJJ electrónica.

Datos precargados

Pais emisor del documento: **ESTADOS UNIDOS DE AMERICA**
Documento: ▉▉▉▉
Fecha Emisión: ▉▉▉▉
Género: **MASCULINO**
Mail: ▉▉▉▉

Para continuar con el paso 2 de la carga de la Declaración Jurada, ingrese al siguiente link: Carga de DDJJ

Si usted ya completó la carga de la Declaración Jurada y desea recibir nuevamente el mail, por favor ingrese al siguiente link:
Reenvío de DDJJ Vigentes

Si usted ya completó la carga de la/s Declaración/es Jurada/s y desea anularla/s para cargarla/s nuevamente, por favor ingrese al siguiente link: Anulación de DDJJ Vigentes

Saludos cordiales.

6. Continue with step 2 by clicking on the Carga de DDJJ link in the email.

Para continuar con el paso 2 de la carga de la Declaración Jurada, ingrese al siguiente link: Carga de DDJJ

a. Other options included in the email:

i. If you have already completed the upload of the Affidavit and wish to receive the mail again, please enter the following link:

> Si usted ya completó la carga de la Declaración Jurada y desea recibir nuevamente el mail, por favor ingrese al siguiente link:
> **Reenvío de DDJJ Vigentes**

ii. If you have already completed the upload of the Sworn Statement (s) and wish to cancel it (s) to upload it (s) again, please go to the following link:

> Si usted ya completó la carga de la/s Declaración/es Jurada/s y desea anularla/s para cargarla/s nuevamente, por favor ingrese al siguiente link: **Anulación de DDJJ Vigentes**

7. Step 2 also has an english tranlation option:

Affidavit

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(*) Mandatory Information   Language ○ Español ◉ English

Step 2 of 2

8. Complete Reason of Travel section:

Reason of travel (*)

Crew member ○ Yes ◉ No   **Resides in Argentina** ○ Yes ◉ No

Reason of travel (*)   Time spent (*)

TOURISM   LESS THAN 90 DAYS

9. Complete the Transport section indicating **how you arrived in Argentina**. Usually this will be by Air. Provide your flight arrival information. Dropdown selections are in spanish so United States = Estados Unidos De America.

Transport

What will be your means of transportation? (*) ● Air   ○ Sea   ○ Land

Type of transport (*)   ● Passengers or freight   ○ Particular use

Country of origin (*)

| ESTADOS UNIDOS DE AMERICA | ⌄ |

Indicate point of Entry (*)

| -- | ⌄ |

Scheduled date (*)

| dd/mm/yyyy |

Airline (*)

| -- | ⌄ |

Flights (*)

| | ⌄ |

Flight number (*)

| |

Stopover 1

| -- | ⌄ |

Stopover 2

| -- | ⌄ |

Row and seat number

| |

10. Agree that you have completed the Covid 19 vaccination schedule. Enter the Vaccination information found on your proof of vaccination.

Vaccination scheme data

Have you completed the SARS-CoV2 (COVID-19) vaccination schedule at least FOURTEEN (14) days before arriving the country?

◉ Sí   ○ No

By a complete vaccination scheme is understood those defined by the sanitary authorities of the country of vaccination.

Before the trip to Argentina is initiated, air, maritime and river transport operators of international passengers should, without exception, verify passengers have declared they are complying with every sanitary requirement.

Passengers who arrive to Argentina, once in the territory and during fourteen (14) days after arrival, must carry every document that proves being in compliance with the sanitary requirements demanded for and when entering the country.

In the same way, a vaccination squeme as a proof document can be demanded by national, provincial or municipal authorities according to the jurisdiction declared in arrival.

11. Address of stay for the next days. If you are departing on an Antarctic cruise from Ushuaia this information will be provided by your cruise operator. In general it may be as follows:
    a. Province = Tierra del Fuego
    b. City = Ushuaia
    c. Street = Onboard Ship Name – Port of Ushuaia – Avenida Maipu
    d. Number = 510
    e. Zip Code = 9410

Address of stay for the next days

The terms may be defined by each destination jurisdiction

Province (*)

--

City (*)

--

Street (*)

Number (*)

Floor

Department

ZIP code (*)

12. Enter your Passenger information. Estadounidesne = American

Passenger

Travel Document Issuing Country (*)

ESTADOS UNIDOS DE AMERICA

Passport or ID (*)

1234567890

Gender (*)

MALE

Passport or ID issuance date (*)

12/12/2017

Nationality (*)

ESTADOUNIDENSE

Document type (*)

--

Birthdate (*)

dd/mm/yyyy

Last name (*)

Name (*)

Email

Mobile phone number (*)

+1 ▾   201-555-0123

13. Enter sensitive health data. Be sure to check your responses as some are prefilled yes and others are prefilled no.

Sensitive health data

Please indicate if you have any of the following symptoms

☐ Fever above 37°   ☐ Odynophagia

☐ Cough   ☐ Diarrhea and / or vomiting

☐ Headache   ☐ Sudden loss of taste or smell

☐ Breathing difficulty

Did you visit in the last 14 days any country of the African continent?

○ Yes   ● No

Have you been in closed contact with a COVID-19 confirmed case with in the last 14 days?

○ Yes   ● No

Do you present a proof of PCR?

● Yes   ○ No

The PCR contancia presented is?

○ PCR Positive   ● PCR Negative

Do you have insurance coverage against COVID-19?

○ Yes   ● No

14. Confirm your form. Another window will pop up asking you to confirm your answers. Once you submit the form you will receive a second email confirming your submission. The email will contain a PDF attachment with your answers.