

SELF-DECLARATION FORM JUSTIFYING TRAVEL IN ITALY FROM ABROAD

(to be delivered to the public transport carrier)

The undersigned declarant (*full name*) _____, born on (*date of birth*) __/__/__
in (*place of birth*) _____ (Province ____), nationality _____,
resident in _____ (Province ____), address _____,
being aware of the criminal and administrative penalties incurred in the case of misrepresentation, hereby

DECLARES, UNDER HIS/HER RESPONSIBILITY, THAT

- he/she is aware of the **measures for containing the spread of COVID-19 in force in Italy** (and, in particular, of the requirements laid down in the decrees of the President of the Council of Ministers of 7 August 2020, 7 September 2020 and 13 October 2020), **as summarised in the attachment hereto**, which shall be signed in token of acceptance;
- he/she has not tested positive to COVID-19 or, if he/she tested positive to an rT PCR test carried out abroad, that he/she has scrupulously followed the health protocols laid down by the authorities of the Country where the test was carried out and has observed 14 days of isolation since the date in the symptoms were detected, and he/she is longer subject to quarantine measures imposed by the local authorities;
- he/she has entered Italy from the following foreign location _____, by _____ the following means of transport (if a private vehicle indicate the type and registration plate; if a public mean of transport specify flight number/rail or bus service number/boat or ferry route):
_____;
- over the last 14-day period, he/she has transited/stayed in the following Countries and territories:
_____;
- he/she is entering Italy for the following reasons: _____

- where, necessary, in light of the applicable regulations and of his/her personal circumstances, he/she shall take a **Covid swab test** at the Local Health Authority of _____ and/or shall **self-isolate** under the supervision of the competent health authorities at the following address:

Square (piazza) /street (via) _____ no. _____ flat no. _____
Municipality _____ (Prov. _____) postcode _____
Care of _____

- he/she may be contacted at the following telephone numbers during the whole period of self-isolation under the supervision of the competent health authorities:

landline: _____ mobile: _____

Place: _____ Date: _____ Time: _____

Declarant's signature

Carrier's signature