SELF-DECLARATION FORM JUSTIFYING TRAVEL IN ITALY

OF PERSONS ARRIVING FROM ABROAD

(for presentation to the public transport carrier)

The undersigned (full name) ____________________________, born on (date of birth) ___/___/_____, in (place of birth) _________________________, resident in (commune and province) _________________________, (address) __________________________, being aware of the criminal liability for misrepresentation and the counterfeiting or use of counterfeited official documents, besides the penalties provided in article 4 of Decree Law 19/2020; hereby

DECLAR ES UNDER HIS/HER OWN RESPONSIBILITY THAT

1) 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 decree of the President of the Council of Ministers of 17 May 2020;

2) he/she is not subject to quarantine measures and has not tested positive to Covid-19;

3) he/she has arrived in Italy from the following foreign location ___________________________, by the following means of transport (if a private vehicle, specify the type and registration of vehicle; if a public means of transport, specify the flight number / rail or bus service number / ferry route):

4) he/she is travelling for the following work, urgent or health reasons (specify - in an accurate and verifiable manner - the reasons for travelling and their urgency and necessity):

5) the undersigned fulfils one of the following conditions or requirements (specify which):

   A) crew of the means of transport;
   B) travel staff member;
   C) citizens and residents of the European Union, the Member States to the Schengen Area, Andorra, the Principality of Monaco, the Republic of San Marino, the Vatican City State and the United Kingdom of Great Britain and Northern Ireland entering Italy for proven work reasons;
   D) health personnel entering Italy to practise their professional qualifications, also on a temporary basis, as referred to in Article 13 of Decree-Law No. 18 of 17 March 2020;
   E) cross-border workers entering and leaving the country for proven work reasons and who then return to their place of residence, home or dwelling;
   F) employees of companies with their registered office or secondary headquarters in Italy, who are travelling abroad for proven work reasons for no more than 72 hours, which period may be extended for a further 48 hours, if necessary;
   G) travel to / from the Republic of San Marino or the Vatican City State;
H) officials and other servants, however described, of the European Union or international organisations, diplomatic agents, administrative and technical staff of diplomatic missions, officials and consular officers;
I) pupils and students attending a study programme in a Country other than their Country of residence, home or dwelling, to which they return on a daily basis or at least once a week;
J) travel to Italy for work, urgent or health needs requiring a stay of no more than 72 hours (which may be extended for a further 48 hour, if necessary);
K) transit through Italy onwards to one's country of residence (maximum period of stay allowed in Italy: 24 hours, which may be extended for a further 12 for specific and proven reasons);
L) none of the above.

**If letter L) applies, compile the following:**

6) he/she will **self-isolate, under the supervision of the competent health authorities, for a period of 14 days, at the following address:**

piazza/via ________________________________________________________________ n. __________ apt. ______
Commune __________________________________________________________ (___) Postcode ____________

at the home of: __________________________________________________________

7) on arrival in Italy, he/she will immediately and directly travel to the address specified above, in the shortest possible time, **with the following private or own means of transport:** ________________________________

8) he/she will receive any communications, throughout the period of supervised self-isolation, at the following **telephone numbers:** landline: __________________ mobile: ______________________

**Place, date and time** of this declaration ____________________________

Declarant's signature Carrier's signature