

# SELF-DECLARATION FORM FOR TRAVEL TO ITALY FROM ABROAD

(to be delivered to the public transport carrier)

I, the undersigned declarant, (*full name*) \_\_\_\_\_, born on (*date of birth*) \_\_/\_\_/\_\_  
in (*place of birth*) \_\_\_\_\_ (Province \_\_\_\_), nationality \_\_\_\_\_,  
resident in \_\_\_\_\_ (Province \_\_\_\_), address \_\_\_\_\_,  
being conscious of the criminal and administrative penalties incurred for misrepresentation, hereby

## DECLARE, UNDER MY OWN RESPONSIBILITY

- that I am aware of the **measures put into place, in Italy, to contain the spread of the COVID-19 virus** (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, 13 October 2020 and 3 December 2020 and of the Orders issued by the Ministry of Health of 18 December and 20 December 2020), **as summarised in the attachment hereto**;
- that I have not tested positive to COVID-19 or (if previously tested positive to an rT PCR test taken abroad) that I have strictly complied with the health protocols laid down by the authorities of the Country where the test was taken and have since observed a 14-day period of isolation from the date on which the symptoms were detected, and that I am, therefore, no longer subject to the quarantine measures required by the competent local authorities;
- that I am entering Italy from the following foreign location \_\_\_\_\_, by the following means of transport (if by private transport, indicate the type and registration plate; if by public transport, specify the flight number/rail or bus service number/boat or ferry route):  
\_\_\_\_\_

and that, in the 14-day period prior to entering Italy, I stopped over in/transited through the following Countries and territories:

\_\_\_\_\_

- that I am entering Italy for the following reasons: \_\_\_\_\_  
\_\_\_\_\_
- that, where necessary and in light of the applicable regulations and of any personal circumstances), I shall **self-isolate under medical supervision** for 14 days, at the following address:  
Square (piazza)/street (via) \_\_\_\_\_ no. \_\_\_\_\_ flat no. \_\_\_\_\_  
Municipality \_\_\_\_\_ (Prov. \_\_\_\_\_) postcode \_\_\_\_\_  
Care of \_\_\_\_\_
- that I may be contacted at the following telephone numbers during the entire period of self-isolation under medical supervision:  
landline: \_\_\_\_\_ mobile: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Declarant's signature

Signed for the Carrier by