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 __________________________