

SELF-DECLARATION FORM FOR TRAVEL TO ITALY FROM ABROAD

(to be delivered to the 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, as summarised in the attachment hereto**;
- 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 self-isolation, from the date on which the symptoms were detected, and am, therefore, no longer subject to the quarantine measures required by the competent authorities;
- 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):

- in the last 14 days, I stopped over in/transited through the following Countries and territories:

- I am entering Italy for the following reasons: _____

- in light of the applicable regulations and my personal circumstances (tick one or more circles, as appropriate):

1 I took a **swab test**, with negative result, within 1 168, 1 72 or 1 48 hours before entering Italy;

1 I will take a **swab test** on arrival at the airport or, in any case, within 48 hours from entering Italy;

If you visited or transited through one or more of the States and territories listed in lists D and E of annex 20, in the last 14 days before entering Italy, you hereby declare that:

- I will **self-isolate under medical supervision**, for 5 days (Countries in list C) or 10 days (Countries in lists D and E at the following address: Square (piazza)/street (via) _____ no. _____ flat no. _____

Municipality _____ (Prov. _____) postcode _____

Care of _____

- I will travel to the above-mentioned address by the following means of transport (type of vehicle and registration): _____ or connecting flight (number and date of flight): _____
- I may be contacted at the following telephone number during the entire period of self-isolation under medical supervision: _____;
- I hereby specify any circumstances justifying my exclusion from the requirement of self-isolation under medical supervision, from among those indicated in article 51, paragraph 7, of DCPM 2 March 2021 (see attachment): _____

Location: _____ Date: _____ Time: _____

Declarant's signature

Signed for the Carrier by