

SELF-DECLARATION FORM FOR TRAVEL TO ITALY FROM ABROAD

(to be delivered to the public transport carrier)

I, 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, a summary of which is provided in the annex** to this self-declaration form;
- 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, in light of the applicable regulations and my personal circumstances (tick one or more circles, as appropriate):
 - I had a **swab test**, with negative result, no earlier than 72 or 48 hours prior to entering Italy;
 - I will take a **swab test** on arrival at the airport or, in any case, no later than 48 hours after entering Italy;
 - I will **quarantine 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 quarantine under medical supervision:
landline: _____ mobile: _____

Location: _____ Date: _____ Time: _____

Declarant's signature

Signed for the Carrier by