

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):

- I took a **swab test**, with negative result, within 168, 72 or 48 hours before entering Italy;
- I accept to take a **swab test** on arrival at the airport or, in any case, within 48 hours from entering Italy;
- I will **self-isolate under medical supervision**, for 14 days, at the following address:

Square (piazza)/street (via) _____ no. _____ flat no. _____

Municipality _____ (Prov. _____) postcode _____

Care of _____

- I accept to repeat the **swab test** at the end of the 14 day period of self-isolation under medical supervision;
- 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