



## SELF-DECLARATION FORM FOR TRAVEL TO ITALY FROM ABROAD

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 4 December 2020), **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 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 prior 14-day period, I stopped over in/transited through the following Countries and territories:  
\_\_\_\_\_

• I am entering Italy for the following reasons: \_\_\_\_\_  
\_\_\_\_\_

• (where, necessary, and in light of the applicable regulations and of any personal circumstances) I shall take a **Covid-19 swab test** at the Local Health Authority of \_\_\_\_\_ and/or shall **self-isolate** for 14 days under the supervision of the competent health authority, at the following address:

Square (piazza)/street (via) \_\_\_\_\_ no. \_\_\_\_\_ flat no. \_\_\_\_\_

Municipality \_\_\_\_\_ (Prov. \_\_\_\_\_) postcode \_\_\_\_\_

Care of \_\_\_\_\_

• I may be contacted at the following telephone numbers during the entire period of self-isolation under the supervision of the competent health authorities: landline: \_\_\_\_\_ mobile: \_\_\_\_\_

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

Declarant's signature

Signed for the Carrier by