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):
  o I had a swab test, with negative result, no earlier than 72 or 48 hours prior to entering Italy;
  o I will take a swab test on arrival at the airport or, in any case, no later than 48 hours after entering Italy;
  o 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 __________________________