

## SELF-DECLARATION WARRANTING ENTRY IN ITALY FROM ABROAD

(To be handed over to carrier if public means of transport are used)

I the undersigned \_\_\_\_\_, born in \_\_\_\_\_ (State \_\_\_\_\_),  
Citizenship \_\_\_\_\_ Resident in \_\_\_\_\_ (State \_\_\_\_\_),  
Street address \_\_\_\_\_, being aware of the criminal and  
administrative penalties applicable in case of false declarations

HEREBY DECLARE, ON MY OWN RESPONSIBILITY, THAT

- I am acquainted with and aware of the **COVID-19 containment measures in force in Italy** (with special reference to the requirements set out in the decrees of the President of the Council of Ministers of 7 August 2020, 7 September, 13 October and 4 December 2020);
- I did not test positive for coronavirus or — if found positive following an RT PCR test performed abroad — I (a) scrupulously followed the health protocols prescribed by the authorities of the country in which the test was performed, (b) observed the 14-day isolation period since the last date on which symptoms occurred, and (c) am no longer subject to quarantine measures required by local authorities;
- I entered Italy from the following foreign place: \_\_\_\_\_, using the following means of transport (if a private means of transport, state type of vehicle and registration plate; if a public means of transport, provide flight details / railway or road route / maritime transport details): \_\_\_\_\_

During the past 14 days, I visited / transited the following countries and territories: \_\_\_\_\_  
\_\_\_\_\_

- I am entering Italy for the following reason: \_\_\_\_\_  
\_\_\_\_\_

- Where necessary, in light of current legislation and due to my personal circumstances, I will undergo a **swab test** at the following Local Health Authority \_\_\_\_\_ and/or comply with the 14-day period of health surveillance and fiduciary isolation at the following address:

Street address \_\_\_\_\_ Number \_\_\_\_\_ Apt. No. \_\_\_\_\_  
Municipality \_\_\_\_\_ (Province \_\_\_\_\_) POSTAL CODE \_\_\_\_\_  
c/o \_\_\_\_\_

- Telephone numbers where I am able to receive communications throughout the health surveillance and fiduciary isolation period are as follows:

Landline \_\_\_\_\_ Mobile \_\_\_\_\_

Place:

Date:

Time:

Declarant's signature:

For the Carrier