

SELF-DECLARATION COVID – 19

(to be delivered to the carrier – write in capital letters)

THE UNDERSIGNED (Last name and name) _____,
NATIONALITY _____, PLACE AND DATE OF BIRTH _____ / ____ / ____
PASSPORT/DOCUMENT NUMBER _____ DATE OF ISSUE _____ ISSUED BY _____

DECLARES UNDER ITS OWN RESPONSIBILITY

- 1) of not being suffering from COVID-19 or not having being subject to mandatory quarantine of at least 14 days;
- 2) of not be affected by feverish pathology with a temperature over 37,5 °C
- 3) of not accuse insistent cough, respiratory difficulty, cold, sore throat, headache, strong asthenia (fatigue), decrease or loss of smell/taste, diarrhea;
- 4) not have had close contact with people suffering from COVID-19 within 48 hours prior to the onset symptom;
- 5) not have had close contact with someone suffering form COVID-19 on the last 14 days.

The undersigned moreover undertakes, when arriving to Italy, to immediate report the appearance of any above symptoms that occur in the next 8 days after disembarking from the aircraft to the Local Health Authority (ASL / Emergency National Medical number 115 / Tool Free Number for Covid-19 emergency of the Region of domicile).

With the aim to trace the undersigned in the following 14 days of the arrival in Italy, I report here below the address / phone number /e-mail

CITY _____, PROVINCE _____
ADDRESS _____ n. _____ zip code _____
PHONE NUMBER _____ E-MAIL _____

Date ____ / ____ / _____, time _____ place _____

In faith
readable signature of the registrant
