



## SELF-DECLARATION FOR ENTRY IN ITALY FROM COUNTRIES OF LIST C



The undersigned (full name), \_\_\_\_\_, born on \_\_\_\_\_ at \_\_\_\_\_, citizenship \_\_\_\_\_ phone (country code + phone number) \_\_\_\_\_ Identity Card number \_\_\_\_\_ or Passport Number \_\_\_\_\_ resident or domiciled in Address line \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Email address \_\_\_\_\_

aware of the criminal penalties provided for in the event of false declarations and the formation or use of false documents, as well as the penalties provided for in Article 2 of the Decree-Law of 16 May 2020

### DECLARES UNDER HIS/HER OWN RESPONSIBILITY

1. to be aware of the COVID-19 containment measures in force in Italy and, in particular, of the provisions contained in the law decree n. 125 of the President of the Council of Ministers of 7th October 2020; ordinance of 04th November 2020 of the Italian Ministry of Health and DPCM of the 3rd December 2020
2. not to have tested positive for coronavirus or, if tested positive in an RT PCR test carried out abroad, to have scrupulously followed the health protocols provided by the authorities of the country where the test was carried out, to have observed 14 days of isolation from the last date on which symptoms appeared and to no longer be subjected to quarantine measures by local authorities;
3. to enter Italy from the following foreign location \_\_\_\_\_ with the flight \_\_\_\_\_,

For the purposes of the obligations related to the ordinance of 07th October 2020 and following, **the undersigned declares:**

- A) to have already undergone a molecular or antigen test by means of a nasopharyngeal swab in the 48 hours prior to entry into the Italian territory, to be negative for COVID 19 and to have a copy of the exam; I will inform the health local office ASL about my entrance into Italy.
- B) that I will inform the health local office ASL about my entrance into the Italian territory and stay isolated for 14 days.

Turin, \_\_\_/\_\_\_/\_\_\_\_\_ SIGNATURE \_\_\_\_\_

**FIDUCIARY ISOLATION ADDRESS:** \_\_\_\_\_

**THE UNDERSIGNED (full name)** \_\_\_\_\_

DECLARES  A;  B;