

SELF DECLARATION COVID – 19

(to be delivered to the air carrier - write in block letters)

THE UNDERSIGNED (LAST NAME AND FIRST NAME) _____

NATIONALITY _____, BORN IN _____ ON _____

WITH PASSPORT/DOCUMENT N.. _____ ISSUED ON _____

BY _____ RESIDENT _____

DECLARES UNDER ITS OWN LIABILITY, PURSUANT TO THE REGULATION IN FORCE, AS FOLLOWS:

- 1) Not to be affected by COVID-19 or not to be subjected to a mandatory quarantine period of at least 14 days;
- 2) Not to be currently suffering from fever with a temperature above 37,5°C;
- 3) Not to accuse at the moment persistent cough, difficulty breathing, cold, sore throat, headache, severe weakness (tiredness), decrease or loss of smell/taste, diarrhea;
- 4) Not having had close contacts with person affected by COVID-19 since two days before the occurrence of symptoms and up to 14 days after the occurrence of the symptoms.

I also undertake to inform the air carrier and Local Health Authority of any possible occurrence of above mentioned symptoms arising within eight days of disembarkation from the aircraft.

In order to allow the traceability of the undersigned in the following 14 days from the arrival in Italy, here below I report my residential address /telephone/mobile number /e-mail account

CITY _____, PROVINCE _____

ADDRESS _____ HOUSE NUMBER _____ ZIP CODE _____

TELEPHONE/MOBILE _____ e-mail _____

Date and place : _____, _____

Legible **signature** of the declarant
