

## SELF DECLARATION JUSTIFYING TO ENTRY IN ITALY FROM ABROAD



# FORM TO COLLECT THE PERSONAL and TRAVEL DATA, TO ENTRY ITALIAN TERRITORY, TO INFORM THE ASUR MARCHE HEATHCARE PREVENTION DEPARTMENT

(DO NOT fill up by hand, PLEASE use the keyboard. DO NOT save the file in .PDF keep the .doc/docx

extension)

Quarantena ID:

S.T.P.:

I, the undersigned,

A) SURNAME (as the passport reports):

B) NAME (as the passport reports):

C) DATE OF BIRTH (dd/mm/yyyy):

D) ITALIAN TAX CODE (if available):

E) PASSPORT / ID CARD number:

date of expiry (dd/mm/yyyy):

F) EMPLOYMENT/Occupation:

G) foreign personal residence address:

H) Italia address (temporary residence address/ place of staying/ domicile/ place where you are

going to spend the quarantine period/ accommodation premises):

I) DOORBELL NAME:

L) foreign telephone number:

M) Italian telephone number (relatives/friends phone numbers are accepted):

N) e-mail:

O) Certified email (if any):

#### P) foreign SWAB TEST result to be attached ALWAYS, date of test attached:

Aware of the mendacious declarations are subject to administrative and penal sanctions provided for by the law,

## I DECLERE UNDER MY RESPONSABILITY

□ to be aware of the **COVID-19 mitigation actions in force in Italy briefly attached** to this reported declaration;

□ to not been positive tested of the coronavirus or, where positive result to an RT PCR test abroad performed, to have scrupulously followed all healthcare protocols in force in the Country where the test been performed, to have respected 14 days of quarantine from the day of the last Covid-19 symptom/s and to not be subject of quarantine measure by the local authorities;

DEPARTURE	Write HERE the STOP BY countries in the last 14 days and the			he DEPARTURE	
FOREIGN COUNTRY	ones				
	AIRPLANE	AIRPLANE	BOAT	TRAIN	OWN VEHICLE/ BUS/ TAXY CAB
Departure date from abroad:					
Arrival date in Italy					
Flight n°/ Boat n°/ Train n°/ BUS n°					
Seat n°					
Operated by/ Vector/Company					
FROM port /Airport/ or City of <u>Departure</u>					
TO Port/Airport/ or <u>City of Arrival</u>					
Vessel Name					
TRAIN car					
VEHICLE PLATE number					

### **Q)** to return from the following foreign Country (travel details):

To enter in Italy for the following	
reasons	
(if you have the rights to NOT be	
subject of the self-quarantine period,	d,
identify the article/s):	
	>

R) that, in the by law cases prescribed and according to the personal situation (tick one or more options):
• he/she is got a negative swab test result 72 or 48 hours before entry in Italy;

• he/she will undergo to a swab test once arrived at the airport or within 48 hours from the entry to the Italian territory;

• he/she will perform 14 days of healthcare supervision and self-isolation to the address above mentioned.

S) he/she undergo to the anti-COVID-19 vaccination (YES or NO):

Place: Date: Time:

Signature of the declarant: