 **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)

*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;

 to have pass through the following foreign Countries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DEPARTURE FOREIGN COUNTRY** | Write HERE the STOP BY countries in the last 14 days and the DEPARTURE 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 Departure |  |  |  |  |  |
| TO Port/Airport/  or City of Arrival |  |  |  |  |  |
| Vessel Name |  |  |  |  |  |
| TRAIN car |  |  |  |  |  |
| VEHICLE PLATE number |  |  |  |  |  |

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

**R)** that, in the by law cases prescribed and according to the personal situation (tick one or more options):

**o** he/she is got a negative swab test result 72 or 48 hours before entry in Italy;

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

**o** 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:

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