

**SELF-DECLARATION FORM JUSTIFYING TRAVEL IN ITALY OF PERSONS  
ARRIVING FROM ABROAD**

The undersigned (*full name*) \_\_\_\_\_,  
born on (*date of birth*) \_\_\_/\_\_\_/\_\_\_\_\_ in (*place of birth*) \_\_\_\_\_ ( \_\_\_\_\_  
) , nationality \_\_\_\_\_, resident in (commune and  
province) \_\_\_\_\_ ( \_\_\_\_\_ ), (address) \_\_\_\_\_,  
being aware of the criminal liability for misrepresentation and the counterfeiting or use of  
counterfeited official documents, besides the penalties provided in article in article 2 of  
Decree-Law 33/2020; hereby

**DECLARES UNDER HIS/HER OWN RESPONSIBILITY THAT**

- 1) **he/she is not subject to quarantine measures and has not tested positive to Covid-19;**
- 2) he/she not experiencing symptoms attributable to Covid-19 such as, for example, a body temperature above 37.5°C, cough or cold, and that he/she has not had contact with a person suffering from Covid-19 in the last 14 days;
- 3) he/she has NOT stayed / transited in Countries and territories which require a 14-day fiduciary home isolation, when traveling to Italy.
- 4) he/she is aware of the measures for containing the spread of Covid-19 in force in Italy and, in particular, of the requirements laid down in the **decree of the President of the Council of Ministers of 12 August 2020;**

he/she has NOT stayed / transited in the following Countries and territories: Croatia, Greece, Malta or Spain over the last 14-day period

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**He/she will make it their responsibility to inform us of possible relevant changes to the above-mentioned information.**

**Place, date and time of this declaration** Declarant's signature

\_\_\_\_\_

Carrier's signature

\_\_\_\_\_

