

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

(for presentation to the public transport carrier)

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 2
of Decree-Law 33/2020; hereby

DECLARES UNDER HIS/HER OWN RESPONSIBILITY THAT

1) 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 17 May 2020**;

2) he/she is not subject to quarantine measures and has not tested positive to Covid-19;

3) he/she has entered Italy **from the following foreign**

location _____, by the following **means of transport** (if a private vehicle, specify the type and registration of vehicle; if a public means of transport, specify the flight number / rail or bus service number / ferry route): _____

4) over **the last 14-day period they stayed / transited in the following Countries and territories:** _____

5) the undersigned fulfils one of the following conditions or requirements (specify which):

A) crew of the means of transport;

B) travel staff member;

C) citizens and residents of the European Union, the Member States to the Schengen Area, Andorra, the Principality of Monaco, the Republic of San Marino, the Vatican City State and the United Kingdom of Great Britain and Northern Ireland entering Italy for proven work reasons;

D) health personnel entering Italy to practise their professional qualifications, also on a temporary basis, as referred to in Article 13 of Decree-Law No. 18 of 17 March 2020;

E) cross-border workers entering and leaving the country for proven work reasons and who then return to their place of residence, home or dwelling;

F) personnel of companies with their registered office, or a sub-office, in Italy, for travel abroad for proven work reasons, for no more than 120 hours;

G) officials and servants of any description of the European Union or international organisations, diplomatic agents, administrative and technical personnel of diplomatic missions, consular officials and employees, military personnel in the performance of their duties;

H) pupils and students attending a study programme in a Country other than their Country of residence, home or dwelling, to which they return on a daily basis or at least once a week;

I) remaining in Italy for reasons of work, health or absolute necessity, for no more than 120 hours;

J) Transit through Italy on your way back to the country in which you live (with the permission to stay for no more than 36 hours);

K) travelling from or to an EU or Schengen Member State, the United Kingdom of Great Britain and Northern Ireland, Andorra, the Principality of Monaco, the Republic of San Marino, the Vatican City State, and did not stay in any other Country in the 14 days prior to travelling to Italy;

L) none of the above.

If letter L) applies, compile the following:

6) any of the following conditions apply to the declarant:

A) he / she is a citizen of an EU Member State / Schengen Member State/ United Kingdom / Andorra / Monaco / San Marino / Vatican;

B) he / she is resident in an EU Member State / Schengen Member State / United Kingdom / Andorra / Monaco / San Marino / Vatican;

C) he/she is the spouse or civil/cohabiting partner of a citizen of an EU Member State / Schengen Member State / United Kingdom / Andorra / Monaco / San Marino / Vatican;

D) he/she is a lineal relative of any of the persons referred to in A), B) or C) above and is aged less than 21 years;

E) he / she is a lineal relative of and dependent on any of the persons referred to in A), B) or C) above;

F) he / she is a household member dependent on or cohabiting with any of the persons referred to in A, B) or C) above;

G) he/she is resident in any of the following Countries: Algeria, Australia, Canada, Georgia, Japan, Morocco, New Zealand, Rwanda, Republic of Korea, Thailand, Tunisia, Uruguay;

7) he/she is travelling **for essential work, study, urgent or health reasons or to return home (please specify your essential reasons for travelling, in a clear and verifiable manner):**

8) he/she will **self-isolate, under the supervision of the competent health authorities, for a period of 14 days, at the following address:**

piazza/via n. apt.

Commune _____ (____) Postcode _____

at the home of:

9) on arrival in Italy, he/she will immediately and directly travel to the address specified above, in the shortest possible time, **with the following private or own means of transport:**

10) he/she will receive any communications, throughout the period of supervised self-isolation, at the following **telephone numbers:** landline: mobile:

Place, date and time of this declaration

Declarant's signature

Carrier's signature



SELF-ATTESTATION ON NOT HAVING COVID-19 SYMPTOMS OR BEING IN CONTACT WITH A COVID-POSITIVE PERSON

This declaration is to be presented to the transport authorities by all travelers to Corsica or Continent French prior to boarding as well as to immigration authorities and border control.

I the undersigned:

Mr/Mrs/Miss:

DOB:

Place of birth:

Address:

Do hereby declare that I have not been in contact with any person having Covid-19 in the 15 days preceding my travel and do not now, nor in the previous 15 days, have had any Covid-19 symptoms.

Place:

Date:

Time:

Signature