

SELF-DECLARATION FOR ENTRY INTO ITALY FROM ABROAD

(to be delivered to the carrier when using public transport)

The undersigned (full name) _____, born on (date of birth) _____ / ____ / ____ in (place of birth) _____ (____), nationality _____, resident in (commune and province) _____ (____), (address) _____, is aware of the criminal penalties provided for in the event of false declarations and the creation or use of false deeds, and of the penalties provided for in Article 2 of Decree-Law No. 33 of 16 May 2020 DECLARES UNDER HIS OWN RESPONSIBILITY

1. to be aware of the COVID-19 containment measures in force in Italy and, in particular, of the provisions contained in the Prime Ministerial Decree of 7 August 2020.

2. that I have not tested positive for the coronavirus or, if positive in an RT PCR test carried out abroad, that I have strictly followed the health protocols laid down by the authorities of the country where the test was carried out, that I have observed 14 days of isolation since the last date of symptoms and that I am no longer subject to quarantine measures by the local authorities;

3. to enter Italy from the following foreign location _____ by the following means of transport (in the case of private means of transport indicate type of vehicle and number plate; in the case of public transport indicate flight/train or road/sea route extremes):

4. to have made in the last 14 days stays/transits in the following countries and territories:

5. to be in one of the following conditions (it is compulsory to circle one of the options): A) crew of means of transport or travelling personnel. B) entry into Italy from San Marino or the Vatican City State. C) entry into Italy for work reasons regulated by special safety protocols, approved by the competent health authority. D) entry into Italy from one of the following countries (without stays or transits, in the last 14 days, in countries other than the following): Austria, Belgium, Cyprus, Denmark, Estonia, Finland, France, Germany, Ireland, Latvia, Lithuania, Luxembourg, Netherlands, Poland, Portugal, Czech Republic, Slovakia, Slovenia, Sweden, Hungary, Iceland, Liechtenstein, Norway, Switzerland, Andorra, Monaco, United Kingdom; E) Entry into Italy after having stayed or transited, in the last 14 days, in one of the following countries: Croatia, Greece, Malta, Spain. In this case the following alternative prevention measures apply: • a) obligation to present to the carrier on boarding and to any person responsible for checking the attestation that they have undergone a molecular or antigenic test, carried out by means of a swab and with a negative result, within 72 hours prior to entering the national territory; • b) the obligation to undergo a molecular or antigenic test, to be carried out by means of a swab, upon arrival at the airport, port or border location, where possible, or within 48 hours of entry into the national territory at the local health company of reference; while waiting to undergo the test at the local health company of reference, persons are subjected to fiduciary isolation at their home or residence:

Address: _____ Telephone number: _____ Local Health Authority of reference (where the test will be carried out if not carried out on arrival): _____
_____ F) none of the above cases.

Only if the letter F) has been circled, fill in point 6 as well:

6. that you have not transited or stayed, in the 14 days prior to entering Italy, in one of the following Countries: Armenia, Bahrain, Bangladesh, Bosnia Herzegovina, Brazil, Bulgaria, Chile, Colombia, Kuwait, Macedo-Northern Macedonia, Moldova, Oman, Panama, Peru, Dominican Republic, Kosovo, Montenegro, Romania, Serbia; and that you are in one of the following conditions (it is mandatory to circle one of the options): G) need to enter Italy for reasons of work, health or absolute urgency and for a maximum duration of 120 hours; H) transit through the national territory to return to your country of residence or stay (maximum permitted duration of stay in Italy: 36 hours); I) entry into Italy, for proven reasons of work, by citizens or residents of one of the countries (circle the Country of citizenship or residence): Italy, San Marino, Vatican City State, Austria, Belgium, Cyprus, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Iceland, Liechtenstein, Norway, Switzerland, United Kingdom, Andorra, Monaco, Bulgaria, Romania, Australia, Canada, Georgia, Japan, New Zealand, Rwanda, Republic of Korea, Thailand, Tunisia, Uruguay L) health personnel entering Italy for the exercise of health professional qualifications, including the temporary exercise referred to in Article 13 of Decree Law no. 18 of 17 March 2020; M) cross-border workers entering Italy for proven reasons of work or to return to their residence or stay; N) personnel of companies with registered or secondary headquarters in Italy returning to Italy for proven work needs and after a stay abroad of no more than 120 hours; O) officials and other servants, however they may be called, of the European Union or international organisations, diplomatic agents, administrative and technical staff of diplomatic missions, officials and consular officers, military personnel in the performance of their duties; P) pupils and students attending a

course of study in a State other than their State of residence or stay, to which they return every day or at least once a week; Q) none of the above. Only if Q) has been indicated, please also fill in the following items:

7. to be in one of the following conditions (it is mandatory to circle one of the options): R) citizen of one of the following countries (Italy, San Marino, Vatican City State, Austria, Belgium, Cyprus, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Iceland, Liechtenstein, Norway, Switzerland, United Kingdom, Andorra, Principato di Monaco, Bulgaria, Romania), resident in Italy (from before July 9 for those who have stayed or transited, in the last 14 days, from Armenia, Bahrain, Bangladesh, Bosnia Herzegovina, Brazil, Chile, Kuwait, North Macedonia, Moldova, Oman, Panama, Peru, Dominican Republic; before July 16 for Kosovo, Montenegro, Serbia; before August 13 for Colombia); S) married/civil partner/direct descendant under 21 years of age/descendant or direct ascendant/family member resident in Italy and dependent on a national of one of the States listed under Q); T) to enter Italy for reasons of health, work, study or absolute urgency or for the return to their home, dwelling or residence, not having transited or stayed, in the last 14 days, in one of the following countries: Armenia, Bahrain, Bangladesh, Bosnia Herzegovina, Brazil, Bulgaria, Chile, Colombia, Kosovo, Kuwait, North Macedonia, Moldova, Montenegro, Oman, Panama, Peru, Dominican Republic, Romania, Serbia (indicate in a specific, concrete and verifiable way the reasons for the move and their urgency and necessity):

8. which will carry out the 14-day period of health surveillance and fiduciary isolation at the following address: square/street _____ no. _____ inside _____ Municipality _____ () ZIP CODE _____ at: _____

9. that, once arrived in Italy, I will reach directly and in the shortest time possible the address indicated in the previous point by the following private or own means: 10. that the telephone numbers at which communications are to be received during the entire period of surveillance health care and isolation are as follows: landline number: _____ mobile: _____ Place: _____ Date: _____ Time: _____

Signature of the declarant

for the Carrier



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 France 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