

FORMAL STATEMENT PURSUANT TO LAW DPR N. 445/2000 ART. 46, 47

The undersigned surname _____ name _____, born on ___/___/_____, in _____, resident in _____, str. _____ no. _____, identified by passport / ID no. _____, issued by _____, on ___/___/_____, phone number/cell. _____,

also aware of criminal consequences in case of false statements given to a Police Officer as provided by Criminal Law (art. 495 C.P.) and administrative penalties as provided by art. 4 (L.D. n. 19 dated 25/03/2020, converted by law n. 35 dated 22/05/2020);

HEREBY DECLARES UNDER ITS OWN LIABILITY

▪ to be aware of the containment measures of COVID-19 (DPCM and related amendments and Ordinances of the Minister of Health) in force today in Italy, available on the official websites and following QR code:

<https://www.esteri.it/MAE/it> – <https://www.viaggiasesicuri.it>



▪ not to have been tested positive for covid. In case of being tested positive to an RT PCR test carried out abroad, to have scrupulously implemented the health protocols required by the authorities of the country where the test has been carried out, to have observed 10 days of isolation from the last date on which symptoms appeared and not being any longer subjected to isolation or quarantine measures established by local authorities.

▪ to enter Italy from the following country/foreign place: with flight n. and to be aware that, upon arrival in Italy, he will reach the address indicated to carry **out the 10-day period of fiduciary isolation (from List C countries only in case of non-presentation of green Covid-19 certification)**, with his own / private vehicle .

▪ to have stayed/transited in the following countries in the 14 days prior to entry.....;

to enter Italy for the following reason:.....;

that in the cases prescribed by law and by their personal circumstances (tick one or more options), to have undergone a swab, resulted negative, in the 48h or 72h prior to entering Italy (as per Covid-19 green certification) ;

will undergo a swab test upon arrival at the airport (only with direct flight from Brazil, UK, "Covid-tested" flights and from India, Bangladesh and Sri Lanka) or in any case within 48 hours of entry (in the case of an indirect flight from Brazil);

will carry out the period of health surveillance/fiduciary isolation in accordance at the following addresssquare/streetno. _____Municipality..... () tel.....mob.;

will report his/her entry into the national territory to the Prevention Department of Health Authority competent for the area in case of entry or of transit, in previous 14 days into countries or territories of lists **C, D and E**;

will respect the 10-day period of health surveillance / fiduciary isolation as previewed in art. 1, paragraphs 2 and 3. D.L. 19/05/2020, n.34 at "Covid Hotel" (only if they come from India, Bangladesh and Sri Lanka) or in any other suitable Place indicated by ATS or Department for National Security.

will undergo a swab test at the end of 5 days/ 10 days period of health surveillance / fiduciary isolation;

In this regard, the undersigned declares that:.....

_____, Date _____, Time _____ of the check.

Signature of the declarant

Border Police Officer