

FORMAL STATEMENT PURSUANT TO LAW DPR N. 445/2000 ART. 46, 47
(to be checked upon entry)

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 following and the Ordinances of Health Ministry and following) in force today in Italy, available on the official websites and following QR code:

<https://www.esteri.it/MAE/it> – <https://www.viaggiare Sicuri.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 14 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/she will reach the place above indicated, by private means of transport, in order to respect quarantine period.
- 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 7 days, 72h or 48h prior to entering Italy;
 will undergo a swab test upon arrival at the airport or in any case within 48 hours after entering in Italy;
 will carry out the period of health surveillance / fiduciary isolation in accordance at the following address: _____ square/street no. _____ City _____ (____) tel _____ mob. _____;
- will undergo a swab test at the end of 14 days period of health surveillance / fiduciary isolation;

In this regard, the undersigned declares that: _____

Fiumicino, Date _____, Time _____ of the check.

Signature of the declarant

Border Police Officer