

Home isolation and health surveillance self-certification

(arriving passenger)

I, the undersigned Surname _____ Name _____,
born on ____/____/_____, in _____ province of _____,
residing at _____ province of _____,
Tax Code (only for Italian citizens) _____,
document (specify document) _____ document number _____,
telephone number _____, Email _____,
entering Italy with the flight n° _____ from _____,
seat number _____ date _____

In the event of a positive outcome of the rapid SARS-COV2 detection test, whilst awaiting the result of the molecular test subsequently carried out, I declare that I shall spend the isolation period in

_____ province of _____, at via\pz _____

I, the undersigned, undertake to comply with the following requirements for travelling to the specified location where I shall be isolating.

ISOLATION RECOMMENDATIONS:

You must travel to the location where you will be isolating using your own vehicle, without stopping, if possible; should you need to stop, you must wear a face mask, keeping a safe distance of at least 1 m from other people. Whilst isolating, you must remain alone in a dedicated room, preferably with a private bathroom; if the latter is not available, you must clean the bathroom using conventional products after each use and ventilate the bathroom for at least 30 minutes before it is subsequently used by others. You must not receive visitors nor leave the premises. If any symptoms appear, you must contact your GP or the Public Health Service of the competent Local Health Authority for the region in which you are located.

If the report relating to the test carried out is not received within 72 hours of the date of performing the swab, you may request it from your Local Health Authority.

Rome, ____ / ____ / _____

Signature of the declarant or parent/guardian
