

SELF-DECLARATION FORM FOR TRAVEL TO ITALY FROM ABROAD

(to be delivered to the public transport carrier)

I, the undersigned declarant, (*full name*) First name last name, born on (*date of birth*) day/month/year
in (*place of birth*) city of birth (Province state), nationality ex: American,
resident in city of residence (Province state), address address of current residence,
being conscious of the criminal and administrative penalties incurred for misrepresentation, hereby

DECLARE, UNDER MY OWN RESPONSIBILITY

- that I am aware of the **measures put into place, in Italy, to contain the spread of the COVID-19 virus** (and, in particular, of the requirements laid down in the decrees of the President of the Council of Ministers of 7 August 2020, 7 September 2020, 13 October 2020 and 3 December 2020 and of the Orders issued by the Ministry of Health of 18 December and 20 December 2020), **as summarised in the attachment hereto**;
- that I have not tested positive to COVID-19 or (if previously tested positive to an rT PCR test taken abroad) that I have strictly complied with the health protocols laid down by the authorities of the Country where the test was taken and have since observed a 14-day period of isolation from the date on which the symptoms were detected, and that I am, therefore, no longer subject to the quarantine measures required by the competent local authorities;
- that I am entering Italy from the following foreign location United States of America, by the following means of transport (if by private transport, indicate the type and registration plate; if by public transport, specify the flight number/rail or bus service number/boat or ferry route):
print full flight information here, include any layovers

and that, in the 14-day period prior to entering Italy, I stopped over in/transited through the following Countries and territories:

include country of layover (if applicable, ex: Germany)

- that I am entering Italy for the following reasons: Motivi di studio. Purpose of study at Temple University Rome.
make sure to write in both Italian AND English, as above.
- that, where necessary and in light of the applicable regulations and of any personal circumstances), I shall **self-isolate under medical supervision** for 14 days, at the following address:
Square (piazza)/street (via) this address will be given to you in January no. flat no.
Municipality Rome (Prov. RM) postcode
Care of Temple University Rome private, rented accommodations
- that I may be contacted at the following telephone numbers during the entire period of self-isolation under medical supervision:
landline: mobile: your phone number with country code (USA: +1) include your email in this space, just in case

Location: sign in Rome (write, Rome, Italy) Date: sign day of arrival Time: time of arrival

Declarant's signature

Signed for the Carrier by

your signature here