ATTACHMENT 1 - SELF -DECLARATION

SELF DECLARATION COVID – 19

(to be delivered to the air carrier - write in block letters)

THE U	NDERSIGNED (LAST NAME AND FIRS	ST NAME)					
NATIONALITY, BO		_, BORN IN	ON				
WITH	PASSPORT/DOCUMENT N	ISSUE	D ON				
BY			RESIDENT				
DECLA	ARES UNDER ITS OWN LIABILITY, PU	JRSUANT TO THE REG	GULATION IN FORCE	, AS FOLLOWS:			
1)	Not to be affected by COVID-19 o days;	r not to be subjected	to a mandatory qua	rantine period of at least 14			
2) 3) 4)	3) Not to accuse at the moment persistent cough, difficulty breathing, cold, sore throat, headache, severe weakness (tiredness), decrease or loss of smell/taste, diarrhea;						
	undertake to inform the air carrioned symptoms arising within eight						
	er to allow the traceability of the un rt my residential address /telephone	-	•	ne arrival in Italy, here below			
CITY_		, PRO	VINCE				
ADDR	ESS	HOUSE	NUMBER	ZIP CODE			
TELEPHONE/MOBILE		e-mail					
Date	e and place :						
		Leg	gible signature of the	e declarant			