

HEALTH STATEMENT

The undersigned(Surname)_____ (Name)_____
born in (city) _____ (country) _____ on _____
resident in (city/country)_____ address _____
e-mail _____ mobile phone _____ landline _____
coming from _____ going to _____ entered into Italy on _____
aware of possible legal consequences, also under Italian criminal rules, due to the any false statement,

HEREBY STATES

- to be aware or to learn now of the measures, adopted by Italian and Regional authorities, to prevent the diffusion of COVID-19, including any possible obligation to stay on board in fiduciary isolation (quarantine), for fourteen days, and, in any case, to stay on board due to mobility restrictions, and the sanctions that may be inflicted in case of violation of such rules;
- to have registered details of his/her transit and/or to know the current obligation to do so online at: <https://emergenzacovid.regione.calabria.it/>
- to have been tested positive to COVID-19 virus: YES NO
- to be currently restricted to quarantine: YES NO
- to have spent quarantine from _____ to _____ in _____ YES NO

and that, **throughout past fourteen (14) days,**

- to have been sick/ill with flu, cough and/or breathing impairment: YES NO
- family members and/or people otherwise living/traveling together have been experiencing such symptoms: YES NO
- to have travelled within or through any of these countries: China, Hong Kong, South Korea, Japan, Iran, Spain, Germany, France, USA, UK, Austria: YES NO
- to have travelled in and/or through these countries: _____
- to have been in transit through other areas at risk such as: _____ YES NO
- to have been in contact with people tested positive and/or resulted suspect to COVID-19 corona virus and/or with people monitored for such a reason: YES NO

-According to the ordonnance issued by Regione Calabria no. 60 on 12th August 2020, hereby I declare that, over the 14 days before today, I have transited/stayed in Croatia/Greece/Malta/Spain and that, over the 72 hours before today, I have undergone a negative swab. YES NO

In case of a pursued test, evidence of that is attached. Otherwise, I recognize that a nasopharyngeal swab is due and compulsory, within 48 hours from today, at ASP Reggio Calabria. For more information call toll-free number of the Calabria Region : **800 76 76 76** or the number of the Ministry of Health : **1500**

Personal ID is being attached to the present statement, along with proof of occurred registration into Italy and/or Calabria region, by and within fourteen days ago. By signing the present statement, I hereby also authorize the receiving Company to keep and treat my personal data, including sensitive and health related ones, under applicable privacy laws.

[SIGNATURE]
