

**SELF DECLARATION IN ACCORDANCE WITH DPCM 11/06/2020 FOR
DOMESTIC AND INTERNATIONAL FLIGHTS**

FLIGHT NUMBER _____ Date / /

Date / /

Destination _____

The undersigned (Name Surname)

Born in _____ on / /

DECLARES UNDER HIS/HER OWN RESPONSIBILITY

Not having had close contacts with people with COVID 19 disease in the last two days, before the onset of symptoms and up to 14 days after the onset of symptoms.

For the purpose of contacts traceability, I commit myself to inform the carrier and the competent territorial Health Authority whenever COVID 19 symptoms should appear within 8 days after arriving at destination.

Signature of the declarant
