

Traveller Public Health Declaration Form

TRAVELLER PUBLIC HEALTH DECLARATION

Please complete this form. The information is being collected as part of the public health response to the outbreaks of COVID-19. The information will be used by public health authorities in accordance with applicable national laws.

TRAVELLER INFORMATION:

Last (family) name: First (given) name:
Passport Country: Passport number:
Arrival date in Italy : Day..... Month..... Year..... Birth date: Day..... Month..... Year.....
Sex: Male..... Female..... E-mail address:
Telephone number (include country code or country name):
Home address:
Email address:
Addresses for next 14 days:

PUBLIC HEALTH INFORMATION:

Today or in the past 48 hours, have you had any of the following symptoms? YES NO

- a. Fever (37.5 °C or higher), feeling feverish, or having chills? _____
- b. Cough and/or sore throat? _____
- c. Conjunctivitis? _____
- d. Breathing difficulties? _____

In the past 14 days, have you done any of the following? YES NO

- e. Lived in the same household or had contact (e.g. friends, relatives) with a person sick with COVID-19? _____
- f. Worked in a health-care facility treating COVID-19 patients or a laboratory analysing COVID-19 specimens, or touched a dead body in a country with COVID-19 outbreak without using personal protective equipment? _____
- g. Stayed in an area with SARS- Cov2 active transmission ? _____

Countries (in Italy : add Region/City/Municipality)

List all countries where you have been in the past 14 days (including airport and port transits and where you live). List the most recent country first (where you boarded).

If you need more space, please use the back of the page.

- 1..... 3.....
- 2..... 4.....

Date _____

Signature _____