## **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 FI	RST NAME)			
NATIONALITY, BOR		, BORN IN	ON		
WITH	PASSPORT/DOCUMENT N	ISSUED	ON		
BY			RESIDENT		
DECLA	ARES UNDER ITS OWN LIABILITY, I	PURSUANT TO THE REGU	JLATION IN FORCE,	, AS FOLLOWS:	
	days;	om fever with a temperatersistent cough, difficulty or loss of smell/taste, diavith person affected by Coafter the occurrence of terier and Local Health A	ure above 37,5°C; breathing, cold, so arrhea; OVID-19 since two he symptoms. uthority of any po	days before the occurrence	
In ord	er to allow the traceability of the urthought my residential address /telepho	undersigned in the follow	ring 14 days from th		
-	, , ,				
	ESS				
TELEPHONE/MOBILE		e-mail			
Date	e and place :,,		ole <b>signature</b> of the	e declarant	