

## SELF DECLARATION COVID-19

*(pursuant to the attachment n. 2 of the italian prime minister decree dated 14th of july 2020 and to the italian president of the republic decree dated 28th of december 2000, n. 445)*

The undersigned (Last Name and Name) \_\_\_\_\_ place and date of birth \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, nationality \_\_\_\_\_ Passport/Document n. \_\_\_\_\_  
date of issue \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ issued by \_\_\_\_\_

### **BEING AWARE OF CRIMINAL SANCTIONS IN CASE OF FALSE STATEMENTS DECLARES**

even as a parent or guardian of the minor/s listed below *(flag and fill in only if travelling together with minor/s)*

(last name)	(name)	(place and date of birth)	(relationship with the undersigned)
(last name)	(name)	(place and date of birth)	(relationship with the undersigned)
(last name)	(name)	(place and date of birth)	(relationship with the undersigned)

### **DECLARES THE FOLLOWING:**

- (i) of not being currently suffering from (and that any minor is not currently suffering from) COVID-19 or not having been subject (and that any minor has not been subject) to mandatory quarantine in the last 14 days;
- (ii) of not be affected by feverish pathology attributable to COVID-19 such as temperature equal or over 37,5 °C, insistent cough, respiratory difficulty, cold, sore throat, headache, strong asthenia (fatigue), decrease or loss of smell/taste, diarrhea.;
- (iii) not have had close contact with someone suffering form COVID-19 on the last 14 days.

### **THE UNDERSIGNED MOREOVER UNDERTAKES**

**to renounce traveling if any of the above symptoms occur before the departure or to immediate report the appearance of the above symptoms if they occur in the next 8 days after the arrival to the Local Health Authority (ASL / Emergency National Medical number 115 / Tool Free Number for Covid-19 emergency of the Region of domicile).**

With the aim to trace the undersigned (and any minor/s) in the following 14 days of the arrival in Italy, I report here below the address / phone number /e-mail.

CITY \_\_\_\_\_ PROVINCE. (\_\_\_) ADDRESS \_\_\_\_\_ N. \_\_\_\_\_  
ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Place and date: \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_

Readable Signature \_\_\_\_\_

### **Information on the processing of personal data pursuant to art. 13 of EU Regulation 2016/679**

Dear Passenger, in relation to the health emergency of COVID-19 and in accordance to the italian prime minister decree dated 14th of july 2020, Bus Center is required to request the information in the self-declaration in order to counter and contain the spread of the Sars CoV-2 virus throughout the country. The data will be treated by Bus Center or by the subjects that Bus Center has appointed as data processors, pursuant to art. 28 of Regulation (EU) 2016/679, and may be communicated to the competent health and public safety authorities. The data controller is Bus Center SRL, in the person of the legal representative, domiciled at the registered office in Via Parigi n. 11, 00185 Rome. The data controller will retain the personal data collected for a period of time no longer than necessary for the achievement of the purposes for which they are collected and processed. Therefore, your personal data may be processed until the end of the state of emergency. To exercise your rights under the European Regulation, you as an interested party may contact the Data Controller and / or the DPO by sending a communication to the registered office listed above or by sending an email to [privacy@buscenter.it](mailto:privacy@buscenter.it). For more information about the management of your data, you can access the privacy section of the website [www.buscenter.it](http://www.buscenter.it).