

SELF DECLARATION COVID-19

(pursuant to Decree of the President of the Council of Ministers of November 3, 2020 and to Decree of President of Italian Republic of December 28, 2000, n. 445)

Declarant's name _____ Date of birth ____ / ____ / ____

Place of birth _____ Province/Country _____

Permanent address _____ (street, number, town, province)

Present address _____ (street, number, town, province)

Identity document _____ (type, number, issuer, date of issue)

Telephone _____ E-mail _____

➤ **I DECLARE THAT THE INFORMATION GIVEN IS TRUE AND CORRECT AND AM AWARE THAT I SHALL BE LIABLE TO PROSECUTION IF ANY STATEMENT TO A PUBLIC OFFICER IS FOUND TO BE FALSE, UNDER ARTICLE 495 OF THE ITALIAN CRIMINAL CODE**

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)

➤ **I ALSO HEREBY DECLARE UNDER MY OWN RESPONSIBILITY**

- (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.

➤ **I MOREOVER UNDERTAKE 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).

➤ **I ALSO DECLARE THAT**

I am travelling from _____ to _____, for any of the following reasons (tick the appropriate box)

- proven work requirements;
- health needs
- reasons of necessity (as provided in the Decree of the President of the Council of Ministers of November 4, 2020)

Place _____ Date _____ Readable Signature _____

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

Dear Passenger, according with Decree of the President of the Council of Ministers of November 3, 2020, Bus Center is required to collect above information to contain CoV-2. Data will be treated by Bus Center pursuant to Regulation (EU) 2016/679, art.2, and may be communicated to the competent health and public safety authorities. For more information about the management of your data, you can access the privacy section of the website www.buscenter.it.