

SELF-DECLARATION COVID – 19 (as per D.P.R December 28 2000, n.445)

The undersigned (Last name and name) _____,
Nationality _____, Place and date of birth _____ / ____ / _____ Passport/Document
n° _____ DATE OF ISSUE _____ ISSUED BY _____

BEING AWARE OF CRIMINAL SANCTIONS IN CASE OF FALSE STATEMENTS DECLARES¹

even as a parent or guardian of the minor/s listed below²:

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

DECLARES THE FOLLOWING:

- 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;
- of not be affected by feverish pathology with a temperature equal or over 37,5 °C
- of not accuse insistent cough, respiratory difficulty, cold, sore throat, headache, strong asthenia (fatigue), decrease or loss of smell/taste, diarrhea;
- not have had close contact with people suffering from COVID-19 within 48 hours prior to the onset symptom;
- not have had close contact with someone suffering form COVID-19 on the last 14 days.

The undersigned moreover undertakes to fill in the Return from Abroad form and, upon arrival in Italy, to immediate report the appearance of any above symptoms that occur in the next 8 days after disembarking from the aircraft 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 in the following 14 days of the arrival in Italy, I report here below the address / phone number /e-mail; as well I guarantee that the masks I will wear on board comply with all the requirements indicated in the DPCM currently in force (eg: surgical mask / replacement every four hours)

CITY _____, PROVINCE _____ ADDRESS _____ n. _____ zip code

_____ PHONE NUMBER _____ E-MAIL _____

Place and date _____ / ____ / _____ In faith readable signature of the registrant _____

Information on the processing of personal data pursuant to art. 13 of EU Regulation 2016/679: In relation to the health emergency by COVID19, in accordance with the sector legislation as provided by the main provisions adopted in relation to the state of emergency, Alitalia is required to request the information in the self-declaration in order to counter and contain the spread of the COVID-19 virus throughout the country. The data processed will not be disseminated to third parties, but may be communicated to the competent health and public safety authorities. The data controller is Alitalia - Società Aerea Italiana S.p.A. in a.s., in the person of the legal representative, domiciled at the registered office in Via A. Nasseti s.n.c., Pal. Alfa, 00054 Fiumicino (RM). 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 in Via A. Nasseti s.n.c., Pal. Alfa, 00054 Fiumicino (RM), or by sending an email to dpo@alitalia.com. For more information about the management of your data, you can access the privacy section of the website www.alitalia.com

(1) art. 75 e 76 DPR 28/12/2000 n. 445

(2) Flag and fill in only if traveling together with minors. In the case of travel with minors the declaration must be signed only by a parent/legal guardian of the minor.