

To the Ministry of Health
ex Directorate General of Health Prevention

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I undersigned (Surname and name) _____ in my quality of (specify the role) _____ declare that (Surname and name) _____ (title and occupation) _____ born in _____, on ___/___/___, living in * in _____, tel _____, who is going to arrive in Italy with the flight/s (Company and flight numbers) _____, on ___/___/___ scheduled to the Airport of _____ on ___/___/___ has been engaged as (specify) _____ from ___/___/___ to ___/___/___ in the Projects of (specify) _____ in (specify affected Country) _____ District/ Zone/Town _____

I certify moreover that Mr/Ms having had no unprotected contacts with known or with known or suspected cases of Marburg virus disease (dead or alive) or with dead or sick animals or other possible exposures at risk (such as frequentation of health/sanitary facilities or attending a funeral) during the staying in _____ in the previous 21 days, and he/she is to be considered (specify the degree of risk) _____ on the basis of the Circular of the Italian Ministry of Health of September, 4, 2019.

At the moment of the departure the abovementioned Mr/Ms _____ displayed no suspect symptom or sign such as fever, vomiting, weakness, bleeding from the nose or mouth, in vomit or stool, dark or bloody urine) and that he/she is aware that whenever during the travel any suspect symptom/sign should appear, the circumstance shall be immediately reported – before the arrival – to the flight crew.

I also declare as follow _____

Place

Date

Name/surname of the doctor (if present)

Readable signature

The operator

Readable signature

Name/surname of the Legal representative

Readable signature

* Please point out the complete address of the residence, or of the usual place of living, in order to allow the continuation of the health surveillance.