

To the Ministry of Health
Department of Prevention, Research, and Health Emergencies
Directorate General of Health Prevention
Directorate General of Prevention

coordinamento.usmafsasn@sanita.it; coordinamento.contactracing@sanita.it
dgprev@postacert.sanita.it; segr.dgprev@sanita.it
dgeme@postacert.sanita.it
dip.prevenzione@sanita.it
dpres.emergenze@sanita.it

I, the undersigned (*Last name and first name of the Organization/Project Manager*).

In the role of (*specify role within the Organization/Project*)

declares that:

the operator (*Last name and first name of the operator entering Italy*)

born in _____, on ____/____/____,

Resident/domiciled (*indicate full address of residence or regular domicile in Italy, for the continuation of health surveillance*) at _____

in street _____,

phone number _____,

who will enter Italy with the flight(s) (*report flight numbers*) _____, on

____/____/____

with destination airport in Italy: _____

and arrival date ____/____/____,

or by other means (*specify the means of transport and the identification number/other identifying information, private car, rental car, etc.*) _____

on ____/____/____

with destination train station/bus terminal/rental car address in Italy:

and arrival date on __/__/____

has given his/her activity as (specify role within the Organisation/Project)

from __/__/____ to __/__/____ within projects managed by (specify name of Organisation)

in (specify affected country) _____

Location _____

Further certifies that the worker/operator is asymptomatic at the time of departure (i.e. no symptoms such as fever, vomiting, joint pain, weakness, blood from the nose or mouth, in vomit or stools, dark or bloody urine) and that during his/her stay at (specify affected country) _____:

- has not been exposed (to the best of his/her knowledge) in the previous 21 days to possible, probable or confirmed cases of Bundibugyo virus disease, including deceased persons, or to body fluids/tissues during the period of communicability, nor has been exposed to a potentially contaminated environment;
- has not been exposed to dead or diseased animals, nor has been exposed in other risk situations, such as attending funerals;
- has been exposed in the previous 21 days to a possible, probable or confirmed case (including a deceased case) or to body fluids/tissues in the period following the onset of symptoms or to another contaminated environment, assuming a risk level¹:
 - Low (random contacts)
 - Intermediate (close contacts)
 - High (high risk close contact)

I further declare that I have been informed and I'm aware that should any symptoms of illness emerge during the journey, I must, immediately and prior to arrival, report them to the flight crew.

I further declare the following (please make any further notations worthy of note)

¹ The level of risk is to be assessed on the basis of the guidance given in Ministry of Health Circular No. 26116 of 4 September 2019.

Letterhead of Administration/Body/Non-profit Organization
Location

Attachment 1
Date

Doctor's surname and first name (if applicable)
(signature)

Returning worker/operator
(signature)

Surname and first name of the responsible of
Organisation/Project
(signature and stamp)