

To the Ministry of Health  
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 \_\_\_\_\_, telephone \_\_\_\_\_, 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.