



Ministero della Salute

DIREZIONE GENERALE DELLA PREVENZIONE SANITARIA

Passenger Locator Form

(to be handed over to the carrier if public transportation is used)

Please fill out the form legibly in block letters

Personal information			
Surname		Name	
Sex	<input type="checkbox"/> M <input type="checkbox"/> F		
Date of birth		Place of birth	
Residence	Country		
	City		
	Street (name, number, postcode)		
Phone number		Email address	

Travel information			
Type of transport	<input type="checkbox"/> Aircraft <input type="checkbox"/> Cruise ship/ Ferry/ Pleasure craft	<input type="checkbox"/> Ground (Bus/train/Car/other)	
Name of the airline/sea/bus/train company		Flight/ship number	
Seat number			
Date/time of departure		Date/time of arrival	
Departure	Country of departure		
	Airport/port of embarkation		
Arrival	Country of destination		
	Airport/port of arrival		

Address of stay in Italy			
Street (name, number, postcode)		Hotel Name / Ship Name	
City		Province	
<input type="checkbox"/> In Italy I will stay at the same address as my home address			

I am aware I shall be liable to prosecution if any statement to a public officer is found to be false, pursuant to art. 46 and 47 D.P.R. n 445/2000,

I also hereby declare, under my own responsibility, that even as parent/ guardian/ accompanying adult of a minor/s listed below				
1	Surname		Name	
	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	
	Relationship			
2	Surname		Name	
	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	
	Relationship			
3	Surname		Name	
	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	
	Relationship			

I will therefore comply with the following provisions:

- I will present the [EU Digital Covid Certificate](#) or [other equivalent certification](#) showing one of the following conditions:
- having completed the prescribed anti-SARS-CoV-2 vaccination cycle or having received the booster dose with a EMA vaccine or a vaccine considered equivalent according with the [Circolare del Ministero della Salute del 23/09/2021](#);
 - being recovered from COVID-19 (the certificate of recovery is valid for 180 days from the date of the first positive swab);
 - being recovered after having received the 1st dose of vaccine or having completed the primary cycle or having received the booster dose;
 - having undergone an antigenic or molecular swab in the previous 48 or 72 hours prior to entry into Italy and the result of which is negative. **Minors under the age of 6 years are exempt from taking the pre-departure swab;**
- I will not present a valid certificate as indicate above, therefore I will undergo to **5 days of quarantine** at this address _____ and I will take another molecular or antigen swab test at the end of quarantine.
- I'm in one of the exemptions provided by the art. 2 of the by the Ordinance of the Ministry of Health _____ of _____ 22/02/2022 _____ (please specify)_____

Place and date

Signature
