



Ministero della Salute

DIREZIONE GENERALE DELLA PREVENZIONE SANITARIA

Passenger Locator Form – List C

(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			

Declaration according the art. 50 of DPCM 02/03/21 to enter Italy

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 declare:

- [I am aware of the containment measures of COVID-19 in force in Italy and, specifically adopted in accordance with the Decree of the President of the Council of Ministers March 2nd, 2021](#)
- I have been / transit in the following countries and territories in the last 14 days: _____

I will therefore comply with the following provisions for List C countries:

- I will present the [EU Digital Covid Certificate](#) or [other equivalent certification](#) showing one of the following conditions:
 - o having completed the prescribed anti-SARS-CoV-2 vaccination cycle (the certificate of vaccination is valid for 270 days from the date of the last vaccine dose) **or**
 - o that you have recovered from COVID-19 (the certificate of recovery is valid for 180 days from the date of the first positive swab) **or**
 - o having performed will a molecular or antigen **swab** 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'm in one of the exemptions provided by the art. 51 of the DPCM of 02/03/21 and by other Ordinance of the Ministry of Health (please specify) _____

In the event of non-presentation of valid EU Digital Covid Certificate, as referred to above, I will undergo to **5 days of self-isolation** at this address _____ and I will take another molecular or antigen swab test at the end self-isolation.

Place and date

Signature
