



Ministero della Salute

DIREZIONE GENERALE DELLA PREVENZIONE SANITARIA

Passenger Locator Form – List E

(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: _____

In line with current regulations, to enter Italy for the following reason:

(From these countries it is not possible to enter Italy for tourism purposes)

I will comply with the following provisions for List E countries:

- I will undergo a molecular **swab** carried out within **72 hours** prior to entry into Italy and the result of which is negative; or an antigenic test within **24 hours** prior to entry into Italy, the result of which is negative. Minors under the age of 6 are exempted from having a pre-departure swab test
- I will notify the prevention department of the health authority responsible for the area of your entry (See page: [COVID-19 Freephone numbers and regional information](#))
- I will reach the final destination in Italy only by private transport
- I will undergo **self-isolation** at the following address

- undergo an additional molecular or antigenic **swab** at the end of the 10-day **self-isolation period**

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)*

Place and date

Signature
