



**SELF-DECLARATION REQUIRED TO ACCESS THE CONSULATE GENERAL**

|                                    |              |
|------------------------------------|--------------|
| DATE OF THE APPOINTMENT (MM/DD/YY) | TIME (HH:MM) |
|------------------------------------|--------------|

|                          |              |
|--------------------------|--------------|
| FIRST NAME               |              |
| LASTNAME                 |              |
| DATE OF BIRTH (MM/DD/YY) | NATIONALITY  |
| EMAIL                    | PHONE NUMBER |

To prevent the spread of COVID-19 and reduce the risk of exposure to employees and visitors inside the Consulate General, each person seeking access to the Consulate General is required to fill in the following, and provide a copy of this declaration at the Consulate General entrance.

In order to access the Consulate General of Italy grounds, I hereby declare that:

|   |      |       |
|---|------|-------|
| Neither I, nor any member of my household, are currently afflicted with - or have knowingly been in contact with someone afflicted with - COVID-19 during the past two weeks; | True | False |
|---|------|-------|

|   |      |       |
|---|------|-------|
| Neither I, nor any member of my household, are experiencing fever or signs of respiratory illness such as cough, shortness of breath or difficulty breathing, or other COVID-19 symptoms; | True | False |
|---|------|-------|

|  |      |       |
|--|------|-------|
| I understand that persons may be afflicted with COVID-19 and: (i) not exhibit symptoms; (ii) not be aware that they are afflicted or (iii) may not voluntarily agree to disclose their conditions. | True | False |
|--|------|-------|

|  |      |       |
|--|------|-------|
| Neither I, nor any member of my household, have visited the Countries mentioned on the CDC website ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/from-other-countries.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/from-other-countries.html</a> ) during the past two weeks. If FALSE, please indicate the following: | True | False |
| Countries:   |      |       |
| Date of return to the US:  |      |       |
| Length of the stay (days):   |      |       |

|   |      |       |
|---|------|-------|
| Neither I, nor any member of my household, have visited another US city in the last two weeks. If FALSE, please indicate the following: | True | False |
| Cities:   |      |       |
| Length of the stay (days):  |      |       |

I also accept to follow the rules provided by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>) for the entire duration of the visit to the Consulate General. In particular:

- ✓ wash my hands often;
- ✓ follow social distancing rules and avoid close contact with other individuals;
- ✓ cover my mouth and nose with a cloth face covering or a surgical mask. I am aware that due to supply shortage the Consulate General may not be able to provide

such mask. By signing below,

- ✓ I certify all information is true and correct to the best of my knowledge.
- ✓ I am aware that I will not be allowed to enter the Consulate General if any of the above statements fails to meet the health requirements set out by local and Italian authorities.
- ✓ I undertake to inform the Consulate General if, after the date this document is signed, there is a change in my health condition, or I come into knowledge that potentially puts others at risk, or which invalidates the representations made in this document.

|                 |           |
|-----------------|-----------|
| Date (MM/DD/YY) | Signature |
|-----------------|-----------|

The personal information provided is compliant with the General Data Protection Regulation (EU) 2016/679, art. 13 and will be stored for the time of the Covid-19 Emergency period only.