



Consulate General of Italy  
Philadelphia

### SELF-DECLARATION REQUIRED TO ACCESS THE CONSULATE

DATE OF THE APPOINTMENT (MM/DD/YY)	TIME (HH:MM)
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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, each person seeking access to the Consulate is required to fill in the following, and provide a copy of this declaration at the Consulate entrance.

In order to access the Consulate 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 <input type="radio"/>	False <input type="radio"/>
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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 <input type="radio"/>	False <input type="radio"/>
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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 <input type="radio"/>	False <input type="radio"/>
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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 <input type="radio"/>	False <input type="radio"/>
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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 <input type="radio"/>	False <input type="radio"/>
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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. 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 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 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 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
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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.