

The undersigned, _____ born on _____, in _____,
with residence at _____, type of identification _____ n.
_____, telephone number _____, being aware of the penalty provided for in
case of false statements to public officials (**art. 495 Penal Code**)

DECLARE UNDER MY OWN RESPONSIBILITY

- to be **aware of containment measures for the infection** referred to in the combined provisions of **art. 1, paragraph 1, of the Decree of the President of the Council of Ministers of March 8, 2020** and of **art. 1, paragraph 1, of the Decree of the President of the Council of Ministers of March 9, 2020** concerning **the movement of people within the entire national territory**;
- **to not to be subject to the quarantine measure** and not to have tested positive to the COVID-19 virus referred to in **article 1, paragraph 1, letter c), of the Decree of the President of the Council of Ministers of March 8, 2020**;
- **to be aware of the penalties provided for by the combined provisions of art. 3, paragraph 4, of the Legislative Decree February 23, 2020, n. 6 and art. 4, paragraph 1,** of the *Decree of the President of the Council of Ministers* of March 8, 2020 **in the case of non-compliance with the aforementioned containment measures** (art. 650 of the Penal Code unless the fact does not constitute a more serious crime);

that the movement is determined by:

- proven work needs;
- situations of necessity;
- health reasons;
- return to home, living quarters or place of residence.

In this regard, I declare that:

(I WORK AT, I AM RETURNING TO MY HOME LOCATED IN ..., I HAVE TO UNDERGO A MEDICAL EXAMINATION OTHER PARTICULAR REASONS ... ETC ...)

Date, time and place of the check _____

Signature of the Declarant

Police Officer