



REGIONE AUTÒNOMA DE SARDIGNA
REGIONE AUTONOMA DELLA SARDEGNA

ANNEX "A"
to Ordinance n. 4 of 08.03.2020

Extraordinary urgent measures for the prevention and management of the epidemiological emergency from COVID-2019 in the regional territory of Sardinia

The undersigned _____ residing in _____ ()
in Street/Square _____ n° _____,
Identity document: type ☐ identity card, ☐ driving license, ☐ passport n° _____
to have entered in Sardinia by ☐ flight ☐ ship from _____

and having residence/domicile/residency or having passed through the territories of the Lombardy Region or the provinces of Modena, Parma, Piacenza, Reggio nell'Emilia, Rimini, Pesaro and Urbino, Alessandria, Asti, Novara, Verbano-Cusio-Ossola, Vercelli, Padova, Treviso, Venezia,

DECLARES

Under his/her own responsibility and aware of the criminal penalties incurred in the event of false declarations, pursuant to art. 75 and 76 of D.P.R. 445/2000 and s.m.i.,

- ☐ to obey the fiduciary isolation rule, remaining in the isolation status for 14 days, at the following domicile in Sardinia:
MUNICIPALITY of _____
Street/Square/locality _____
n° _____ CAP _____ Prov. _____
- ☐ to have promptly informed/to inform this circumstance to owns general practitioner or to the paediatrician of his/her own choice or to the public healthcare personnel competent of the territorial public health service;
- ☐ to obey the movement and travel restrictions;
- ☐ to be reachable for any eventual surveillance activity at the chosen domicile and at the following personal telephone numbers _____;
- ☐ if symptoms appear, to immediately notify the general practitioner or paediatrician of his/her own choice or to the public healthcare personnel for any resulting decision.

In faith.

DATE _____

Signature

A copy of a valid identity document is attached