



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