

## STAP 1

# Destination

Select your final destination country

## STAP 2

# Transportation Type

Please select how you will be travelling

Ground (Bus / Train / Car / Other Vehicle)

Aircraft

Cruise Ship / Pleasure Craft

Ferry Ship

**Continue**

## STAP 3

# Before you begin

I will fill out and submit the form completely, correctly, and truthfully.

**[[ITALY]] Privacy Notice**

**Our contact details**

Name: Direzione Generale della Prevenzione – Ministero della Salute  
Address: Viale Giorgio Ribotta, 5, 00144 Roma Italia  
E-mail: [coordinamento.usmafsasn@sanita.it](mailto:coordinamento.usmafsasn@sanita.it)

**The type of personal information we collect**

We currently collect and process the following information: Travelers and individuals related to transport

Main personal information: full name, contact details (permanent address and temporary address details, phone

I have read the Privacy Notice

**Continue**

## STAP 4: Travel information

# Ground Transportation Type

Please select which ground transport will you be using

Bus

Train

Car / Other Vehicle


Please fill in the information with regards to your transportation

Bus Company

JOSK REIZEN

Bus / Plate Number (Optional)

Boarding Country / Place

 Belgium/BE ✕

✕ ▾

Station of Boarding / City

UW OPSTAPPLAATS\*

Date/time of Departure

2022-01-07 18:00

Timezone: Europe/Brussels (UTC+01:00) ✕

Seat Number (Optional)

Seat Type (Optional)

Point of Entry (PoE) of destination country

Brennero ( Brenner Pass)/NA

✕ ▾

## Stap 5 : Declaration

I am aware I shall be liable to prosecution if any statement to a public officer is found to be false, pursuant to art. 46 and 47 D.P.R. n 445/2000

I also hereby declare, under my own responsibility, that even as a parent or guardian of the minor/s listed below

Minor(s)

ADD

[I am aware of the containment measures of COVID-19 in force in Italy and, specifically adopted in accordance with the Decree of the President of the Council of Ministers March 2nd, 2021](#)

I have been / transit in the following countries and territories in the last 14 days:

X

I will enter in the following Italian Region

Travelling from a Country of the List?

[Check in which List is your departure country](#)

List C (Austria, Belgium, Bulgaria, Cyprus, Croatia, Denmark (including the Faroe Islands and Greenland), Estonia, Finland, France (including Guadeloupe, Martinique, Guyana, Reunion, Mayotte and excluding other territories outside the European mainland), Germany, Greece, Ireland, Latvia, Lithuania, Luxembourg, Malta, the Netherlands (excluding territories outside the European mainland), Poland, Portugal (including the Azores and Madeira), Czech Republic, Romania, Slovakia, Slovenia, Spain, Sweden, Hungary, Iceland, Norway, Liechtenstein, Switzerland, Andorra, Principality of Monaco)

List D (Argentina, Australia, Bahrain, Canada, Chile, Colombia, Indonesia, Israel, Japan, Kuwait, New Zealand, Peru, Qatar, Rwanda, Saudi Arabia, United Kingdom of Great Britain and Northern Ireland (including Gibraltar, Isle of Man, Channel Islands and British bases on the island of Cyprus and excluding territories outside mainland Europe), Republic of Korea, United States of America, United Arab Emirates, Uruguay, Taiwan, Hong Kong and Macao Special Administrative Regions.)

List E

Please select one of the choices below

I'm in one of the exemptions provided by the art. 51 of the DPCM of 02/03/21 and by other Ordinances

I will present the [EU Digital Covid Certificate](#) or [other equivalent certification](#) showing one of the following conditions:

- having completed the prescribed anti-SARS-CoV-2 vaccination cycle OR
- that you have recovered from COVID-19 (the certificate of recovery is valid for 180 days from the date of the first positive swab)

I will present a certificate of a molecular **swab** carried out within **48 hours** prior to entry into Italy and the result of which is negative, or an antigenic swab carried out within **24 hours** prior to entry into Italy and the result of which is negative. **Minors under the age of 6 years are exempt from taking the pre-departure swab.**

I will present a valid certificate of a preformed rapid antigen/molecular test with a negative result for SARS-CoV-2 infection **AND** I will undergo to **5 days of self-isolation** and take another molecular or antigen swab test at the end self-isolation.