

DECLARATION

Measure foreseen by the Department of Public Health (DSP) <input type="radio"/> hospitalization <input type="radio"/> quarantine <input type="radio"/> isolation at the declared address	Signature DSP:
Name _____ Surname _____	
C.N.P. _____ Date of birth (for foreign citizens): day month year	
Country of departure: _____	

I declare on my own responsibility that:

- * I am aware that in order to prevent the spread within Romania of the COVID-19 virus, I have an obligation to comply with isolation/quarantine/hospitalization/procedure, as appropriate;
- * for the application of the isolation/quarantine measure, after leaving the border crossing point, I will travel to the following address, as soon as possible:
city street no., bl.,
ap., sector/county
- * I agree that personal data and information provided will be processed by the competent authorities;
- * I am aware of the provisions of the Article 326 of the Penal Code on false in declarations and of the Article 352 of the Penal Code on fighting against diseases

While in Romania I can be contacted at:

Phone:.....

Signature

.....

Date

.....

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