

DECLARATION

Measure foreseen by the Department of Public Health (DSP) <input type="radio"/> quarantine <input type="radio"/> infirmation	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 quarantine/infirmation/procedure, as appropriate;
- * for the application of the 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
- * I will be quarantined fordays

While in Romania I can be contacted at:

Phone:.....

Email:.....

Signature

.....

Date

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