

Personal Information

Submitted

Last (family) name - First (given) name

CONTALBRIGO MARCO

Sex / Date of Birth

Male / 1971-12-07

Mobile Phone Number

+393336725544

Other Telephone Number

+390445220392

Email Address

contalbrigo@fe.infn.it



Passport

YB5026308

Date Submitted

2022-03-28

Boarding

Country/Territory/Place

United States of America/US

Flight / Leg of your journey 1

Airline Name

LUFTHANSA

Flight Number

LH8805

Seat Number

-

Boarding Airport

ORF Norfolk

Boarding Country/Territory/Place

United States of America/US

Date/time of Departure

2022-03-29 15:04 America/New_York (UTC-04:00)

Destination / Transit Airport

IAD Dulles Washington

Destination Country

United States of America/US

Date/time of Arrival

2022-03-29 16:10 America/New_York (UTC-04:00)

Previously Visited Countries

Flight / Leg of your journey 2

Airline Name

LUFTHANSA

Flight Number

LH9281

Seat Number

-

Boarding Airport

IAD Dulles Washington

Boarding Country/Territory/Place

United States of America/US

Date/time of Departure

2022-03-29 17:20 America/New_York (UTC-04:00)

Destination / Transit Airport

Munchen 'Franz Joseph Strauss'/EDDM

Destination Country

Germany/DE

Date/time of Arrival

2022-03-30 07:40 Europe/Berlin (UTC+02:00)

Flight / Leg of your journey 3

Airline Name	Flight Number	Seat Number
LUFTHANSA	LH9454	-
Boarding Airport	Boarding Country/Territory/Place	Date/time of Departure
Munchen 'Franz Joseph Strauss'/ED DM	Germany/DE	2022-03-30 08:25 Europe/Berlin (UTC+02:00)
Destination / Transit Airport	Destination Country	Date/time of Arrival
Venezia Marco Polo (Tessera)/LIPZ	Italy/IT	2022-03-30 09:25 Europe/Rome (UTC+02:00)

Permanent Address

Country	State / Province	City
Italy/IT	Veneto/34	Schio
Street (Name, Number, ZIP)	Apartment Number / Cabin Number	
VIA FONTANA 11 36015		

Temporary Address(es) in visiting Country

Temporary Address 1

Country	State / Province	City
Italy/IT	Veneto/34	Schio
Street (Name, Number, ZIP)	Hotel Name / Name of Vessel	Apartment Number / Cabin Number
VIA FONTANA 11 36015		

Emergency Contact Information

Last (family) name	First (given) name	Country / City
		/
Mobile Phone Number	Other Telephone Number	Email Address

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/ guardian/ accompanying adult of a minor/s listed below

NO

Minor(s)

Last Name	First Name	Date of birth	Sex	Relationship
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I will therefore comply with the following provisions

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 having received the booster dose with a EMA vaccine or a vaccine considered equivalent according with the Circolare del Ministero della Salute del 23/09/2021;
- being recovered from COVID-19 (the certificate of recovery is valid for 180 days from the date of the first positive swab);
- being recovered after having received the 1st dose of vaccine or having completed the primary cycle or having received the booster dose;
- having undergone an antigenic or molecular swab in the previous 48 or 72 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;**