**Scheda di localizzazione del passeggero:** Al fine di proteggere la Tua salute, il personale del servizio sanitario Ti chiederà di compilare il presente modulo qualora sussista il sospetto di una malattia infettiva a bordo del velivolo con il quale hai viaggiato. Fornire le informazioni richieste permetterà al personale del servizio sanitario di contattarTi in caso di esposizione al contagio di una malattia infettiva. È molto importante compilare accuratamente e integralmente il modulo. I Tuoi dati verranno protetti in conformità alla legge sul trattamento dei dati personali e utilizzati esclusivamente per garantire la salute pubblica**. ~Grazie per l’aiuto che ci permette di proteggere la Tua salute.**

***La scheda va compilata da un solo adulto per famiglia. Scrivi in stampatello. Lascia una casella vuota come spazio.***

INFORMAZIONI SUL VOLO: 1. Nome della compagnia aerea 2. Nr. del volo 3. Nr. del posto 4. Data di arrivo(aaaa/mm/gg)

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 PAESI VISITATI NEGLI ULTIMI 14 GIORNI:

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DATI PERSONALI: 5. Cognome 6. Nome 7. II niziale del secondo nome 8. Sesso

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NUMERO DI TELEFONO al quale Ti possiamo reperire; indica il prefisso del Paese e della città

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| **9. Cellulare**  |  |  |  | **10. Lavoro** |  |
| **11.Abitazione** |  |  |  | **12. Altro** |
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| **13. Email**  |  |  |  |  |
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| **RESIDENZA:** |  |  |  | **14. Via e numero civico *(separa con una casella vuota)*** |  |  |  |  |  **15. Interno** |  |
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| **16. Città** |  |  |  |  |  |  |  |  | **17. Regione** |  |
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| **18. Stato** |  |  |  |  |  |  |  |  | **19. CAP**  |  |
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RECAPITO TEMPORANEO: Se sei un ospite, indica solo il primo recapito dove soggiornerai

**20. Nome dell’albergo (se è un albergo) 21. Via e numero civico *(separa con una casella vuota)* 22. Interno**

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23. Città 24. Regione

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25. Stato 26. CAP

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PERSONA DA CONTATTARE IN CASO DI EMERGENZA che potrà rintracciarTi nei prossimi 30 giorni

27. Cognome 28.Nome 29. Città

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30. Stato 31. Email

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32. Numero del cellulare 33. Altri recapiti telefonici

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1. **COMPAGNI DI VIAGGIO – FAMILIARI: indica l’età solo se minori di 18 anni**

Cognome Nome Nr. del posto Età <18

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1. **COMPAGNI DI VIAGGIO- NON FAMILIARI: nome del gruppo (se previsto)**

 **Cognome Nome Gruppo** *(turistico,sportivo,d’affari,altro)*

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