



UNIONTRASPORTI



HANDELSKAMMER
CAMERA DI COMMERCIO
CHAMBER OF COMMERCE

BOZEN | BOLZANO

Entry point	Local Health Authority	Communication form	Additional info
South Tyrol (Brenner, Reschen, Sillian...)	ASL/SABES South Tyrol	Mail to: coronavirus@sabes.it	Send the following details: Name/ Surname Driver of the vehicle, place and date of birth, foreign country of origin, states of destination, Italian municipality of destination, date of entry in Italy, phone number of the driver in Italy
Ventimiglia	ASL Imperia	Mail to: d.franco@asl1.liguria.it	Send the following details: Name/ Surname Driver of the vehicle, place and date of birth, foreign country of origin, states of destination, Italian municipality of destination, date of entry in Italy, phone number of the driver in Italy
Frejus	ASL Torino 3	Mail to: nsuma@aslto3.piemonte.it	Send the following details: Name/ Surname Driver of the vehicle, place and date of birth, foreign country of origin, states of destination, Italian municipality of destination, date of entry in Italy, phone number of the driver in Italy
Monte Bianco	ASL Aosta	Mail to: igiene.pubblica@ausl.vda.it	Send a copy of the self-certification plus the following details: Name/ Surname Driver of the vehicle, place and date of birth, foreign country of origin, states of destination, Italian municipality of destination, date of entry in Italy, phone number of the driver in Italy
Simpleon	ASL Verbano Cusio Ossola	Mail to: sisp.vb@aslvcvco.it	Send the following details: Name/ Surname Driver of the vehicle, place and date of birth, foreign country of origin, states of destination, Italian municipality of destination, date of entry in Italy, phone number of the driver in Italy



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Chiasso/Como	ATS Insubria	Mail to: medicina.comunita@ats-insubria.it	Send the following details: Name/ Surname Driver of the vehicle, place and date of birth, foreign country of origin, states of destination, Italian municipality of destination, date of entry in Italy, phone number of the driver in Italy
Tarvisio	ASL Medio Friuli	Mail to: sorveglianzamalattieinfettive@asufc.sanita.fvg.it	Send the following details: Name/ Surname Driver of the vehicle, place and date of birth, foreign country of origin, states of destination, Italian municipality of destination, date of entry in Italy, phone number of the driver in Italy
Trieste	ASL Trieste	Mail to: profilassi.dip@asugi.sanita.fvg.it	Send the following details: Name/ Surname Driver of the vehicle, place and date of birth, foreign country of origin, states of destination, Italian municipality of destination, date of entry in Italy, phone number of the driver in Italy
Gorizia	ASL Gorizia	Mail to: infettive.profilassi@asugi.sanita.fvg.it	Send a copy of the self-certification plus the following details: Name/ Surname Driver of the vehicle, place and date of birth, foreign country of origin, states of destination, Italian municipality of destination, date of entry in Italy, phone number of the driver in Italy