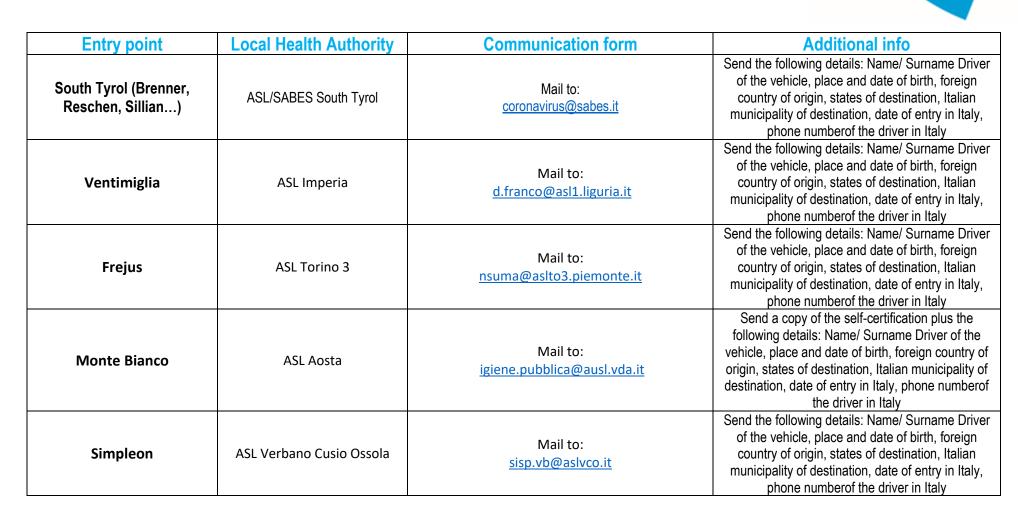




HANDELSKAMMER CAMERA DI COMMERCIO CHAMBER OF COMMERCE

BOZEN | BOLZANO







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Entry point	Local Health Authority	Communication form	Additional info
Chiasso/Como	ATS Insubria	Mail to: <u>medicina.comunita@ats-insubria.it</u>	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 numberof 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 numberof 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 numberof 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 numberof the driver in Italy