

ISTRUKCJA REJESTRACJI WJAZDU DO KALABRII

1. Rejestracji dokonać można na stronie : <https://home.rcovid19.it/>



ENQUIRE TRACKING MOVEMENTS FOR COVID- 19

Fiscal code or Username

Password

[Forgot password?](#)

Login

In order to compile the **form** you must enter the credentials you received by email after signing up



You're not registered? [Click here to register](#)

To use the system we recommend the following browsers:
Mozilla Firefox, Google Chrome, Apple Safari, Microsoft Edge.



2.

Signin

| | | |
|---|--|---|
| Name * Name NAZWISKO | Surname * Surname IMIĘ | Date of birth * Date of birth DATA URODZENIA  |
| Sex * PLEĆ <input type="radio"/> Female <input type="radio"/> Male | Nationality * NALEŻY WYBRAĆ OPCJĘ "BORN ABROAD WITHOUT AN ITALIAN FISCAL CODE"  | |
| Email * Email ADRES EMAIL | Confirm Registration Email * Email POTWIERDŹ ADRES EMAIL | |

The fields marked with * are mandatory

Send 

3. Na wpisany adres email spłynie wiadomość z nazwą użytkownika oraz hasłem. Należy załogować się do utworzonego profilu.

4.

ENQUIRE TRACKING MOVEMENTS FOR COVID-19

SELF-DECLARATION PURSUANT TO ARTT. 46 AND 47 D.P.R. N. 445/2000

Fields marked with * are mandatory

Personal Data

Last Name*

Last Name **NAZWISKO**

First Name*

First Name **IMIĘ**

Birthdate*

Birthdate **DATA URODZENIA**



Country of birth*

Country of birth **KRAJ URODZENIA**



Province of birth

Province of birth

Municipality of birth

Municipality of birth

Sex* PŁEĆ

F M

Fiscal code

Fiscal code

5.

Residenza

| | | |
|---|--|--|
| Address* Address ULICA | CAP* CAP KOD POCZTOWY | Country* Country KRAJ v |
| Province Province | Municipality Municipality | |





Contacts

| | |
|--|---|
| Cell./Tel.* Cell./Tel. TELEFON KONTAKTOWY | Email for validation [REDACTED] |
|--|---|


Origin and destination

| | |
|--|--|
| Country of origin* Country of origin KRAJ POCHODZENIA v | Province of origin Province of origin |
| Municipality of origin Municipality of origin | Home address* Home address ADRES ZAMIESZKANIA |

6.

| | |
|--|---|
| Check-out date* | Arrival date in Calabria* |
| Check-out date DATA WYLOTU Z POLSKI  | Arrival date in Calabria DATA PRZYLOTU  |
| Length of stay (in days)* | |
| Length of stay (in days) DŁUGOŚĆ POBYTU (WYRAŻONA W DNIACH) | |
| Province of destination* | Municipality of destination* |
| Province of destination PROWINCJA PRZYJAZDU  | Municipality of destination MIASTO PRZYJAZDU  |
| Destination address* | |
| Destination address ADRES PRZYJAZDU | |

Movement Modes

| | |
|---|-----------------------|
| Means of transport used* NALEŻY WYBRAĆ "AIRPLANE" (W PRZYPADKU WYCIECZEK O KODZIE WIP/WDW WYBIERAMY BUS). | |
| Means of transport used WIP/WDW WYBIERAMY BUS.  | |
| Vehicle identification (flight number, train code, etc.) | Travel Company |
| Optional | Optional |

7.

Movement Modes

| | |
|---|--|
| Means of transport used* | |
| Airplane x v | |
| Vehicle identification (flight number, train code, etc.)* | Departure airport* |
| Vehicle identification (flight number, train code, etc. NUMER LOTU) | Departure airport LOTNISKO WYLOTU |
| Arrival airport* | Travel Company |
| Arrival airport LOTNISKO PRZYLOTU v | Optional |

Reason of the movements

| |
|--|
| Reason for arrival in Calabria* NALEŻY WYBRAĆ "HOLIDAY" |
| Reason for arrival in Calabria v |
| Brief description of the reason for the move* |
| Brief description of the reason for the move WPISUJEMY "SIGHTSEEING AND HOLIDAY" / |

8.

Do you want to get tested?*

Yes No

CZY WYRAŻASZ ZGODĘ NA PRZEPROWADZENIE TESTU?

Those data are mandatory in compliance with the Ordinance of the Ministry of Health and the Calabria Region.

In case of Covid-19 symptoms, it is strictly recommended to inform the local office of Healthcare Prevention Department of the city reached (Local NHS)

The Personal Data gathered in the surveillance activities will be treated exclusively by the competent Authority for public interest in the public health sector, in compliance with the art. 9, par. 2, of the 679/2016 ECC (European Regulation); in compliance with the dispositions of personal data treatment, professional secrecy information included and related to emergency context as foresee by the art. 14 of the Law Decree 14/2020. The acquired documentation will be destroyed after 60 days if any suspect cases have been verified. The same documentation will be destroyed likewise at the end of the emergency.

By selecting the button Save you consent to the collection of personal data entered in this form.

Data Controller:

Calabria Region - Presidency Department - UOA Civil Protection - Health Protection Department

pec: aggepersonale.salute@pec.regione.calabria.it

I hereby pledge under my own responsibility and aware of the criminal consequences foreseen in case of false declaration by the art 495 criminal code

Reset

Save



Make sure you have filled in all the mandatory fields (marked with the * symbol) before saving

9. Po zapisaniu formularza zostaniemy skierowani do podsumowania.

10. Podsumowanie to należy wydrukować i posiadać podczas kontroli granicznej.

Il trattamento è necessario in adempimento dell'Ordinanza del Ministero della Salute e della Regione Calabria.

Si raccomanda di comunicare al Dipartimento di Prevenzione dell'Azienda Sanitaria Provinciale territorialmente competente l'eventuale comparsa di sintomi COVID-19 correlati.

I dati personali e particolari raccolti nell'ambito delle attività di sorveglianza vengono trattati esclusivamente dall'Autorità competente per motivi di interesse pubblico nel settore della sanità pubblica, ai sensi dell'art. 9, paragrafo 2, del regolamento (UE) 2016/679, nel rispetto delle disposizioni vigenti in materia di protezione dei dati personali, ivi incluse quelle relative al segreto professionale, e in relazione al contesto emergenziale in atto come espressamente previsto dall'art.14 Dl. 14/2020. La documentazione acquisita viene distrutta trascorsi sessanta giorni dalla raccolta, ove non si sia verificato alcun caso sospetto o comunque al termine della emergenza in atto.

Titolare del Trattamento:

Regione Calabria - Dipartimento Presidenza - UOA Protezione Civile - Dipartimento Tutela della Salute

pec: aggepersonale.salute@pec.regione.calabria.it

 Print Receipt

