



Reminder about March 10 Government Ordinance: Dos and Don'ts

Dear JCU Community,

Before we enter into the first weekend of the nation-wide lockdown, as a follow-up to the Italian Government's announcement on March 11th which increased safety and security measures throughout all of Italy, please remember the following dos-and-don'ts as dictated by the Italian government:

- **Those with symptoms of a respiratory infection and fever (temperature above 37.5 degrees) can not leave their homes, limit social contact, and adhere to the following protocol: Students call the JCU emergency number; JCU faculty and staff call the Lazio regional number (800 118 800) and then update JCU via the emergency number.**
- All persons are expected to remain at home unless there is a specific need, such as grocery shopping, going to the pharmacy, going to the doctor, or going to work (that has been deemed as essential by your supervisor).
- Those who do leave their house MUST fill-out and carry the "[autocertificazione](#)" with them, along with a form of state-issued photo ID: (you can also see the form at the bottom of this page, along with the English translation).
- Copies of the *autocertificazione* have been left at the security desk at the Gianicolo and Trastevere residences.
- If you do go outside, you must keep at least 1-meter distance from people at all times.
- Public transportation is still running but some routes may be suspended or are operating at a reduced schedule.
- Gatherings of any type are not permitted.
- Visits to friends/family houses are not permitted unless there is a medical need
- Those living JCU housing cannot host guests in the residence
- Travel in/out of Italy will depend on your justification and the policies of the destination country.

Violating these measures may incur fines or other consequential measures by the Italian government.

Remember, the Italian government has implemented these restrictions in the best interest of public health, so that Italy may recover as quickly as possible and we may return to our routines with minimal negative lasting impact.

Students can call the JCU Emergency number (+39 331 656 1907) or write to deanofstudents@johncabot.edu if they have questions or concerns. For those in JCU housing who have questions about check-out, donations, or personal items/luggage left behind, please contact housing@johncabot.edu.

Students can also reach out to International SOS for additional logistical support and information regarding travel in Italy and between borders (JCU membership number (302SCA834985). To download the app: [iPhone](#); [Android](#). Students can also call one of their headquarters to speak to an operator.

Carla Wiegers

Interim Dean of Students

deanofstudents@johncabot.edu | Toll-free: (855) JCU-ROMA | Italy: +39 06 681 91284

SAMPLE FORM TRANSLATED INTO ENGLISH. PLEASE USE ITALIAN VERSION
(SECOND PAGE) FOR OFFICIAL PURPOSES

I, the undersigned, _____ born on ____ / ____ / ____ in _____,
resident of _____, in Via _____, identified by _____
(document type), document number _____, phone number _____,
aware of the penalty for any false declaration made to public officials (art. 495 of the Penal Code)

HEREBY DECLARE ON MY OWN RESPONSIBILITY

- that I am **aware of the measures in place for containing the spread of the virus**, including art. 1.1 of the **Prime Minister's Decree of March 9, 2020**, concerning the **movement of natural persons within the whole national territory, as well as the sanctions set out in art. 4.1 of the Prime Minister's Decree of March 8, 2020 in cases of non-compliance** (art. 650 of the Penal Code, with the exception of a more serious crime);
- that movement is restricted to:
 - proven work commitments;
 - necessity;
 - health grounds;
 - returning to my permanent address, home or residence.

In light of this, I hereby declare that _____
(I WORK IN ..., I AM RETURNING TO MY PERMANENT ADDRESS IN ..., I MUST ATTEND A MEDICAL VISIT ..., OTHER SPECIAL CIRCUMSTANCES... ETC.)

Date, time and place where the check is performed

Signed

Declarant

Police Officer

SAMPLE FORM TRANSLATED INTO ENGLISH. PLEASE USE ITALIAN VERSION
(SECOND PAGE) FOR OFFICIAL PURPOSES

Il sottoscritto _____, nato il _____ a _____, residente in _____, via _____, identificato a mezzo _____ nr. _____ utenza telefonica _____, consapevole delle conseguenze penali previste in caso di dichiarazioni mendaci a pubblico ufficiale (art 495 c.p.)

DICHIARA SOTTO LA PROPRIA RESPONSABILITÀ

- Di essere a **conoscenza delle misure di contenimento del contagio** di cui all'art. 1, comma 1, del *Decreto del Presidente del Consiglio dei Ministri del 9 marzo 2020* concernenti **lo spostamento delle persone fisiche all'interno di tutto il territorio nazionale, nonché delle sanzioni previste dall'art. 4, comma 1, del Decreto del Presidente del Consiglio dei Ministri dell' 8 marzo 2020 in caso di inottemperanza** (art. 650 C.P. salvo che il fatto non costituisca più grave reato);
- Che lo spostamento è determinato da:
 - comprovate esigenze lavorative;
 - situazioni di necessità;
 - motivi di salute;
 - rientro presso il proprio domicilio, abitazione o residenza.

A questo riguardo, dichiara che _____
(LAVORO PRESSO..., STO RIENTRANDO AL MIO DOMICILIO SITO IN....., DEVO EFFETTUARE UNA VISITA MEDICA... ALTRI MOTIVI PARTICOLARI..ETC...)

Data, ora e luogo del controllo

Firma del dichiarante

L'Operatore di Polizia

Email: