DECLARATION

		DECLARATION	
Measure foreseen by the	Department of P	Public Health (DSP)	Signature DSP:
O hospitalization () quarantine	O isolation at the declared address	
Name Surname			
C.N.P.		Date of birth (for foreign citizens): day	month year
Country of departure:			
* I am aware of the Person	n order to progression of the isolation	revent the spread within Romania of the Con/quarantine/hospitalization/procedure, as on/quarantine measure, after leaving the best soon as possible: Street; Information provided will be processed by the Article 326 of the Penal Code on false ighting against diseases	s appropriate; order crossing point, I will . no, bl, ap. he competent authorities;
While in Romania I of Phone:			Date
		DECLARATION	
Measure foreseen by the O hospitalization C	Department of P quarantine	Public Health (DSP) O isolation at the declared address	Signature DSP:
Name		Surname	
C.N.P.		Date of birth (for foreign citizens): day	month year
Country of departure:			
* I am aware of the	n order to progression of the isolation	revent the spread within Romania of the Only on American the Only on American on American the Service on American the Service of the Servi	s appropriate; order crossing point, I will no, bl, he competent authorities;
While in Romania I o			
Signature		········	Date