

SELF DECLARATION SARS-COVID-2 (COVID 19)

I, undersigned _____

Born on _____ in _____

Resident in _____

Country _____

Address _____

Tel. number _____

e.mail _____

UNDER CURRENT LAW, STATE:

1. To have verified before entering the Theatre that my temperature is less than 37.5 degrees and that I do not have symptoms possibly related to SARS-COV-2 (COVID-19);
2. Not to be positive for tests performed for SARS-COV-2 (COVID-19) research;
3. Not to be quarantined by SARS-COV-2 (COVID19);
4. Not having been in contact with positive people at SARS-COV-2 (COVIS-19) in the last 14 days.

I'm also committed to communicating the possible appearance of the above symptoms that occur in the following 8 days of the event to the Local Health Authority (local ASL6/National Medical Emergency Number 115/ Covid-19 Emergency Toll-free number of Home Region).

For the purposes of traceability of the subscriber in the next 14 days after arrival in Italy, below I report the address of domicile/telephone/address /e.mail: _____

Date

Signature

PRIVACY

It is noted that, under the European Data Protection Act (GDPR 2016/679), the data provided are processed exclusively for the purposes related to the implementation of the rules issued as a result of the SARS-COV-2 Health Emergency (COVID 19) and will be kept for 14 days as required by Emergency Regulation.