

The undersigned \_\_\_\_\_

Date of birth \_\_\_\_\_ telephone number \_\_\_\_\_

email address \_\_\_\_\_

is aware that the current pandemic state linked to the spread of the Coronavirus requires the adoption of measures aimed at interrupting the transmission chain of the virus, under its own responsibility

### DECLARES

1- not to have been subjected to the quarantine measure or not to have tested positive for COVID-19 in the last 14 days;

2- not to have had, in the last 14 days, close contact with people who have tested positive for COVID-19 or suspected of having COVID-19;

3- not to have stopped / passed through other Italian regions or to come from "red areas";

4- not to live with people who are awaiting a swab test result or have themselves been exposed to positive COVID-19 subjects;

**5- not to exhibit now the following symptoms suspected for COVID-19:**

**Fever > 37.5 ° C**

**Sore throat**

**Dyspnea (feeling of shortness of breath)**

**Dry and persistent cough**

**Partial or total loss of smell**

Rome, \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_