SELF-DECLARATION PURSUANT TO ART. 46 AND 47 D.P.R. NO. 445/2000

I, the undersigned		born on//
in		(State)
Identification document_	n	
Tax code	Telephone nur	mber
aware of the criminal con Italian Penal Code)	sequences provided for in case of fal	lse declarations to public officials (art. 495 of the
	DECLARES UNDER HIS OWN	RESPONSIBILITY
- Has not had close cont	act with COVID patient in the last 10	days;
- Has not had close con work) in the last 10 day		fever and/or respiratory symptoms (home, office
- That he/she is not c quarantine measure in the		s not been subjected to a fiduciary isolation or
Who does not have one o	f the following symptoms:	
- fever and/or widesprea	d muscle pain;	
- upper and lower respire	atory tract symptoms: cough, sore th	hroat, breathing difficulties;
- gastrointestinal sympto	oms (diarrhoea, nausea, etc.)	
- disturbances in the per	ception of smell and taste (anosmia,	dysgeusia).
necessary for the protect	ion of his/her own health and that o t to their processing for the purp	he personal data provided in this declaration are f all other persons; therefore, he/she gives his/he oses of the regulations on the containment and
☐ Your consent to the p	rocessing of the personal data conta	ined in this declaration.
Place and date		
	Sigr	nature
in the case of minors, fill i	n the following part by the person ex	kercising parental authority].
Surname and First Name_		, born on//
in_		(state
	n	
Tax Code	Telephone number	
	Sign	nature

<u>Notes</u>

The above information will be processed in accordance with EU Regulation No. 2016/679 (General Data Protection Regulation) for the purposes of prevention by Covid-19 as set out in the information notice provided pursuant to Article 13 of the said Regulation.