



SELF DECLARATION COVID-19

The undersigned _____

born in (country) _____

date of birth _____ living in (country) _____

address _____

under his/her own liability pursuant to the regulations in force, and aware of the penalties foreseen in case of false statements (article 76 D.P.R. 445/2000)

DECLARES

- Not to accuse at the moment any symptoms related to the Covid-19 infection, such as fever with temperature above 37,5°, cough, asthenia, myalgias, diarrhea, loss of taste or smell, and not to have suffered from such symptoms in the last 14 days
- Not to have had close contacts in the last 14 days with persons affected by Covid-19 (family members, coworkers, etc.)
- Not to be subjected to quarantine or isolation

I also declare to inform immediately the Organising Committee of any symptoms related to Covid-19 or of any close contact with persons at risk, as above mentioned, that could occur after signing this self-declaration. I will also immediately inform the OC in case I should contract Covid-19 infection.

In witness

Date: _____

Signature _____