

The Undersigned (name and surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Born in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Institution/Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in the Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With concern to the working activity to be performed and the time to be spent at …………………………………………….. *(indicare la Struttura INFN)*

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referent Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARES UNDER ITS OWN RESPONSIBILITY**

* To be not holding any Health Authorities mandatory quarantine disposition and to have not tested positive for COVID-19;
* To have not been in touch with Covid-19 affected people in the last 14 days from now or since entering the ……………………. *(indicare la Struttura INFN)*;
* To be aware of the mandatory obligation to remain home and not to enter the …………………………………………….. *(indicare la Struttura INFN)* in case of flu symptoms, such as respiratory failing, cough or 37,5° fever and to inform immediately …………………………………………….. *(indicare un nominativo di riferimento e un contatto telefonico della Struttura)* and the Local Health Authorities *(……………………………….. indicare il contatto telefonico dell’Autorità Sanitaria da contattare)*;
* To be aware that, even after entering the ……………..……………. *(indicare la Struttura INFN)*, should any potentially dangerous harbinger, such as flu symptoms, respiratory failing, cough or 37,5° fever occur, there is still the obligation to inform immediately …………………………………… *(indicare un nominativo di riferimento e un contatto telefonico della Struttura)*, to keep the social distance from any other person eventually present on site and to wear the protective mask;
* To have been informed on all measures adopted by the …………………….. *(indicare la Struttura INFN)* to avoid the SARS-CoV-2 spread and to be committed to their respect at all time while being at ………………….……… *(indicare la Struttura INFN)*;
* To inform promptly the INFN Director about the eventual arisen status of Covid-19 positivity, even if diagnosed after have left the INFN site, considering a time lapse of at least 14 days after the departure.

DATE SIGNATURE