

**SELF-DECLARATION OF GOOD HEALTH STATE AND ABSENCE OF COVID-19 SYMPTOMS**

The undersigned Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Born in: \_\_\_\_\_ Date of birth: \_\_\_\_\_

aware of the criminal consequences in case of false declarations,

**DECLARES**

to **not to be subjected to the quarantine measure**, or not to have tested positive for **COVID-19**;

to **not have been in contact with a COVID-19 case** in the previous 14 days;

to **have carried out the self-measurement of body temperature**, and **not** have detected a temperature higher than **37.5 °**,

to be in good health and not to suffer from flu symptoms (fever, cold, cough, etc.).

SIGNATURE OF THE DECLARANT  
FULL AND LEGIBLE

Place and Date: \_\_\_\_\_

**Note**

The above information will be processed in accordance with EU Regulation 2016/679 (General Regulation on the protection of personal data) for the purposes of preventing Covid-19 referred to in the information provided pursuant to art. 13 of the aforementioned Regulation.