



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