

Covid-19 Self-Certification Form
pursuant to art. 46 and 47 of the DPR 28th december 2000 and subsequent
for entry into facilities or places where the sports activity takes place

I, the undersigned _____
Born in _____ (place of birth) on the _____ (date of birth)
Resident in _____ nr. _____
City _____ Province/State _____
Mobile phone _____

DECLARES UNDER MY OWN RESPONSIBILITY
AWARE OF THE PROSECUTION OF ANY FALSE STATEMENTS

1. to NOT have symptoms related to Covid-19 infection including body temperature greater than 37.5, cough, cold, sore throat, eye burning, widespread pain, breathlessness, asthenia, etc. in the last weeks.
2. to NOT have come into contact, to the best of my knowledge, with people affected by COVID-19 (family members, workplaces, etc.) in the last 14 days.
3. to NOT have travelled, in the last 14 days, from areas at risk according to the indications of WHO, the Government and the Regions.
4. to NOT have received communication from the Health Authorities regarding my direct contact with a person infected with Coronavirus.
5. to be aware of the obligation to stay at home in the presence of fever (over 37.5°C) or other flu symptoms and to call your doctor.
6. to be aware of not being able to enter and stay in the area where the activity takes place and to communicate it promptly where, even after entry, dangerous conditions exist (symptoms of flu, temperature, cough, etc.).
7. to NOT be currently subjected to quarantine or social isolation measures for Covid-19.

Place/date

Signature

Notes

1. In the case of minors, the declaration must be completed and signed by both parents.
2. The above information will be processed in accordance with EU Regulation no. 2016/679 (General Regulation on the protection of personal data) for the purposes and modalities referred to in the information provided pursuant to Article 13 of the aforementioned Regulation.