

SELF DECLARATION PURSUANT TO THE ARTICLES 46 E 47

DPR 28/12/2000 N. 445

LAST NAME NAME

DATE OF BIRTH GENDER F M

DECLARES UNDER ITS OWN RESPONSABILITY, IN THE LAST 14 DAYS

OF BE AFFECTED BY TWO OF THE FOLLOWING SYMPTOMS:

FEVER, INSISTENT COUGH or RESPIRATORY DIFFICULTY, NAUSEA – VOMITING – DIARRHEA –
SORE THROAT – COLD – DECREASE OR LOSS OF SMELL/TASTE – CONJUNTIVITIS

NO YES

Of having stayed abroad or in any country considered to be at risk

NO YES

Of having being subject to mandatory quarantine

NO YES

FILL IN ONLY IN CASE OF A PATIENT:

- IN CLOSE CONTACT WITH SOMEONE AFFECTED BY COVID-19

Taking care of a suspect/confirmed COVID-19 case

NO

YES

In contact or living with people suspected of or affected by COVID-19

NO

YES

Subject to mandatory quarantine: if yes,
which has been the last day?

NO

YES

If you ticked at least 1 YES in the sections above, the access to the medical centre will not be permitted.

- AFFECTED BY COVID-19

Undergo a swab (molecular or antigenic) whose result is negative
at the end of the isolation period

NO

YES

21 isolation days are passed of which at least 7 days without symptoms

NO

YES

If you ticked both NO in the section above, the access to the medical centre will not be permitted.

In the last week have you undergone
a swab (molecular or antigenic)?

NO

YES

Result

Have you been vaccinated?

NO

YES

In which date?

The undersigned, considered the information sheet about data protection during epidemic emergency COVID-19, I CONSENT to the use of my personal data reported in the form.

Date Hour Customer's signature