

The Undersigned

(name) _____

(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 INFN Rome
(Sezione di Roma)

From _____ To _____

(Referent Person) _____

(phone contact) _____

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 INFN Rome (INFN Sezione di Roma);
- To be aware of the mandatory obligation to remain home and not to enter the INFN Rome (INFN Sezione di Roma) in case of flu symptoms, such as respiratory failing, cough or 37,5° fever and to inform immediately the referent person *and the phone contact of INFN Rome* and the Local Health Authorities (*write the Local Health Authorities telephone*) _____;
- To be aware that, even after entering INFN Rome (INFN Sezione di Roma), 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 the referent person and the phone contact, 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 INFN Rome (INFN Sezione di Roma) to avoid the SARS-CoV-2 spread and to be committed to their respect at all time while being at INFN Rome (INFN Sezione di Roma);
- 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 _____