SELF-DECLARATION PURSUANT TO ART. 46 AND 47 D.P.R. No. 445/2000

The undersigned _________________________________________________________________________________

i) Researcher, Research fellow, Scholarship holder, PhD student at the Department of: __________________________________________________________________________________________________

having to access, for research activities, the following Laboratory (or other structure): ________________________
for which the responsible is Prof./Dr. ______________________________________,

ii) Student graduating under the supervision of Prof./Dott. …………………………………………… ..having to access the Library to use the services in “contactless” mode - Phase 2.1: “Distant (still), but (more) close” - available at the following link: http://news.unipv.it/wp-content/uploads/2020/03/2020.04.30-Phase-2.1_contactless-services-Libraries_Pavia_Cremona_from-4-May-2020-_def.pdf

iii) Member of the College who returns to the College for the purpose of recovering his or her personal effects;

declares under its own responsibility pursuant to current regional and state regulations regarding the Covid-19 epidemic,

Questions related to the registrant in the last 15 days (indicate yes or no)

Conditions that individually preclude entry to the University
Has or had body temperature ≥ 37.5 ° C
He has had contact with positive COVID-19 people

Combinations of at least 3 symptoms, in the absence of the first two, which preclude entry to the University
You have or have had a sore throat
Have cough and / or difficulty breathing
Have or have had a nasal obstruction
Have or have experienced muscle fatigue / pain
Have or have experienced diarrhea and / or vomiting
Presents or has presented alteration of flavors and odors

Questions related to cohabitants, in the last 15 days (indicate yes or no)

Conditions that individually preclude entry to the University
Have or have had body temperatures of ≥ 37.5 ° C
They have had contact with positive COVID-19 people

Combinations of at least 3 symptoms in the absence of the first two, which preclude entry to the University
Have or have had a sore throat
Have or have had a cough and / or difficulty breathing
Have or have had nasal obstruction
Have or have experienced muscle fatigue / pain
They present or have presented diarrhea and / or vomiting
They present or have presented alteration of flavors and odors

- to be informed that the personal data listed above are prescribed by the current provisions for the purposes of the activity for which this declaration is provided
- to undertake to renew this declaration promptly following a change in the data communicated above

Signature …............................................... Date....................................................

The purpose of this treatment is exclusively the prevention of COVID-19 infection. Information provided by EDISU, the Data Holder regarding personal data collected through this declaration, is available at the following link: http://www.edisu.pv.it/index.php?page=policy-sulla-privacy