

## 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](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,

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*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  $\geq 37.5$  ° 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

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*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  $\geq 37.5$  ° 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

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- 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>