

SELF-DECLARATION

(pursuant to articles 46 and 47 of Legislative decree 445/2000)

I, the undersigned _____, born in
_____ on _____

PATIENT

ACCOMPANYING PERSON - telephone number: _____

OTHER _____

aware that the current COVID-19 pandemic) requires to adopt measures aimed at breaking the chain of transmission of the virus, under my personal responsibility,

HEREBY DECLARE THAT

I am presently not subject to mandatory quarantine and I have not tested positive for COVID-19 in the last 14 days.

I have experienced no symptoms of COVID-19 infection in the last 14 days.

In the last 14 days I have had no close contacts with persons who tested positive for COVID-19 or who are suspected to be COVID-19 positive or who are awaiting for COVID-19 swab test results..

I am aware that I must inform staff if I have been in areas with particularly high rates of COVID-19 infection, or if I have been in contact with relatives or friends arriving from these areas in the last 14 days

I currently have/do not have the following suspect symptoms for COVID-19:

Fever > 37,5°	YES	NO
Sore throat	YES	NO
Dyspnea (shortness of breath)	YES	NO
Persistent dry cough	YES	NO
Partial or total loss of smell	YES	NO

Chianciano Terme, ____/____/____

Signature _____