



The Undersigned (name and 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 Trieste

From _____ To _____

Referent Person _____

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 Trieste;
- To be aware of the mandatory obligation to remain home and not to enter the INFN Trieste in case of flu symptoms, such as respiratory failing, cough or 37,5° fever and to inform immediately Dr. Alessandra Filippi at +39 040 558 3375 (Directorate and Personnel Office) and the Local Health Authorities at 800 500 300 (Friuli Venezia Giulia Region special phone number) or 1500 (Ministry of Health special phone number) or in emergency situation at 112 (Friuli Venezia Giulia Region emergency phone number);
- To be aware that, even after entering the INFN Trieste, 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 Dr. Alessandra Filippi at +39 040 558 3375 (Directorate and Personnel Office), 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 Trieste;
- 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