**ACCESS REGULATION**

**For external subjects**

**SELF-DECLARATION FOR THE COMBAT AND CONTAINMENT**

**OF THE SPREAD OF THE COVID-19 VIRUS IN WORKPLACES**

I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

resident in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

identified through the following ID card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

n°\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I am aware that I shall be liable to prosecution if any statement in this declaration is found to be false

**I, ASSUMING FULL RESPONSIBILITY, DECLARE THAT**

• I am aware of the prevention and containment measures for the spread of the Covid-19 virus issued in the Decree of the President of the Council of Ministers of April 10,2020.

• I haven’t had direct/indirect contact with patients infected by Covid-19 in the past 14 days.

• I haven’t worked with potentially infected customers in the health sector, airports, handling centres, etc.

• I haven’t worked/interacted with people who were later subject to quarantine restrictions because considered suspect cases (secondary contact).

• I haven’t had direct contact with patients with confirmed Covid-19 (confirmed case) in the past 14 days.

Place and date Signature

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