



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
.....LNF..... (indicare la Struttura INFN)

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 theLNF..... (indicare la Struttura INFN);
- To be aware of the mandatory obligation to remain home and not to enter theLNF..... (indicare la Struttura INFN) in case of flu symptoms, such as respiratory failing, cough or 37,5° fever and to inform immediately the Director, ph. 06 9403 2223..... (indicare un nominativo di riferimento e un contatto telefonico della Struttura) and the Local Health Authorities (.06.9327.4409..... indicare il contatto telefonico dell'Autorità Sanitaria da contattare);
- To be aware that, even after entering theLNF..... (indicare la Struttura INFN), 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 the Director, 06.9403.2223. (indicare un nominativo di riferimento e un contatto telefonico della Struttura), 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 theLNF..... (indicare la Struttura INFN) to avoid the SARS-CoV-2 spread and to be committed to their respect at all time while being atLNF..... (indicare la Struttura INFN);
- 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