AUTO-CERTIFICATION TO ACCESS UNIVERSITY BUILDINGS

I, the undersigned, _____ Tax payer ID (Codice Fiscale): _____

Born on ___ / ___ / _____ (day/month/year)

Place of birth (city, country): _____

Italian address: _____

Tel. / Mobile: _____ e-mail: _____

I declare:

1. that by accessing University property on ___ / ___ / _____ (day/month/year) or from ___ / ___ / _____ until ___ / ___ / _____;
2. that I am aware of the measures to contain the spread of COVID-19 currently in force, as well as the related criminal sanctions, including those for false declarations;
3. I am aware of the obligation to stay at home in the presence of flu symptoms such as a fever higher than 37.5 °, informing my doctor and the health authority;
4. I am aware that access to University spaces is forbidden to those who, in the last 14 days, have had contacts with subjects who have tested positive for COVID-19;
5. I am aware of the obligation to promptly declare where, even after access to university spaces, there are conditions of potential danger (flu symptoms such as fever greater than 37.5 °, coming from areas at risk or contact with people positive to the virus in the previous 14 days, etc.), taking care to remain at an adequate distance from the people present;
6. I am aware that access to university spaces for workers who have already tested positive for COVID-19 infection must be preceded by prior notification concerning the medical certification which proves to have undergone the swab and to have had a negative result, according to the procedures provided for and issued by the competent territorial prevention department;;
7. I have read and undertake to comply with all the provisions contained in the University's SARS-CoV-2 virus control and containment protocol and its following attachments present at the link www.unipd.it/circolari-coronavirus:

ATTACHMENTS 1 - Hygiene measures and behaviour to be followed

ATTACHMENTS 2 - PPE use for containing and managing the SARS-CoV-2 epidemiological emergency virus

This declaration must be presented, already and properly filled, at the desk along with a valid ID document.

Date _____ Signature _____