

**SELF-CERTIFICATION ASSESSMENT OF EVALUATION OF RESPIRATORY TRACT INFECTIONS
SUGGESTIVE SARS-CoV-2 RISK PRIOR TO ADMISSION TO RESIDENCE**

Me, the undersigned _____, born/on ___/___/_____
at _____ (____), nationality _____,
resident in _____ (____), via _____,

aware of the penal sanctions provided for in the event of false declarations and the formation or use of false documents, as well as the penalties provided for in Article 2 of the decree-law of 16 May 2020, no. 33.

DECLARES UNDER ITS OWN RESPONSIBILITY

HAVE YOU BEEN AFFECTED WITH COVID?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had one of these symptoms in the last 14 days? fever >37,5°, Cough, Tiredness, Sore throat, Headache, Muscle aches, Nasal congestion, Nausea, Vomiting, Loss of smell and taste, Conjunctivitis, Diarrhea	YES <input type="checkbox"/>	NO <input type="checkbox"/>

NEWS ABOUT POSSIBLE EXPOSURE TO THE CONTAGION IN THE LAST 14 DAYS:

CONTACTS WITH SUBJECTS POSITIVE RESULTS TO COVID 19	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU COME FROM AREAS AT RISK TO WHO GUIDELINES OMS? COUNTRY OF PROVENANCE: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

QUARANTINE

<input type="checkbox"/>	There is no quarantine in my country of provenance
<input type="checkbox"/>	I have to quarantine because it is planned. A quarantine of..... days
<input type="checkbox"/>	I have already carried out the quarantine and I submit the certificate of end quarantine

OTHER NEWS THAT YOU BELIEVE USEFUL TO HIGHLIGHT ABOUT ELEMENTS RELATED TO YOUR POTENTIAL RISK OF EXPOSURE TO COVID-19 _____

Me, the undersigned, identified with (type of document) _____

n. _____ released by _____

on _____, I certify under my own responsibility that the foregoing is true, aware of the civil and criminal consequences of a false declaration, also in relation to the risk of contagion within the ESU structures.

Date _____ Sign _____