**STATE OF HEALTH SELF-CERTIFICATION FORM**

***pursuant to art. 485 of the Penal Code and subsequent amendments***

Declarant's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_,

Permanent/Present address *(street, number, town, province)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Mobile number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Aware of the criminal consequences foreseen in case of false declarations

**DECLARES UNDER HIS/HER OWN RESPONSIBILITY**

∙ not to be subjected to quarantine (even voluntary) therefore not to be, currently, COVID 19 positive;

∙ not to have symptoms such as fever higher than 37.5 ° celsius, cough or breathing difficulties or other symptoms presumably attributable to a COVID 19 infection;

∙ not having been in close contact with a person and/or family member affected by COVID 19 **in the last 14 days** (as defined in the 25/02/2020 Coronavirus Covid 19 directive of the Ministry of Health);

∙ to be aware of the contagion containment measures currently in force and to have complied with the provisions issued by the competent Authorities such as quarantine, social distancing, use of masks and more;

∙ not to have visited or transited in countries or regions at risk, in the 14 days prior to today, or to be able to document the negative outcome of a nasopharyngeal test performed upon return to the national territory.

The declarant Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ undertakes to promptly inform the undersigned SMART EVENTI & HEALTHWARE organizations should any symptoms attributable to Covid-19 infection arise and / or confirmed COVID-19 disease and / or close contacts with infected people, in order to be able to prepare any "precautionary measures".

Date and place Milano, 11/11/2021

Signature of the declarant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_