



## COVID-19 SELF-DECLARATION FORM FOR ACCOMPANYING PERSON

pursuant to articles 46 and 47 of Presidential Decree no. 445 of 28 December 2000 and subsequent articles, for admission to facilities or places where sports activities are carried out

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

Born in: \_\_\_\_\_ on: \_\_\_\_\_

Residing in: \_\_\_\_\_ No.: \_\_\_\_\_

City: \_\_\_\_\_ Province: (...) tel.: \_\_\_\_\_

If a minor, represented and accompanied by: \_\_\_\_\_

Family relation: \_\_\_\_\_

Name and Surname: \_\_\_\_\_

Born in: \_\_\_\_\_ on: \_\_\_\_\_ Residing in: \_\_\_\_\_

No.: \_\_\_\_\_ City: \_\_\_\_\_ Province: (...) tel.: \_\_\_\_\_

having read the privacy policy regarding the protection of personal data provided by Il Ciocco Sport Lab,

### DECLARE UNDER MY OWN RESPONSIBILITY

AWARE OF THE POSSIBILITY OF PROSECUTION FOR FALSE DECLARATIONS (TICK WHERE NECESSARY)

- That I have been vaccinated against COVID-19.
- That I am aware that having undergone vaccination does not exempt me from complying with the rules on social distancing and the use of PPEs as required by current legislation.
- That I am currently undergoing COVID-19 vaccination (interval between first and second dose).
- That I have not yet been vaccinated against COVID-19.
- That I have contracted the COVID-19 disease and have recovered both clinically (absence of symptoms) and biologically by performing a negative molecular swab within the time limits set by the competent health authorities.
- In relation to the previous point, that I have observed an adequate period of rest after the recovery and that I have subsequently undergone a sports medical examination, following which I have obtained a new certificate or a "Return to play" certificate, in accordance with the provisions of the note of the Ministry of Health dated 13 January 2021.
- That I do not have any symptoms related to the COVID-19 infection, including but





not limited to body temperature over 37.5 C, cough, asthenia, dyspnoea, myalgias, diarrhoea, anosmia, ageusia.

- That I am not subject to quarantine measures or fiduciary isolation for COVID-19.
- That I have NOT come into contact, to the best of my knowledge, with a person infected with COVID-19 (athletes, family members, workplace, etc.) in the last 14 days.
- That I have not received any communication from the Health Authorities regarding direct contact with a person infected with the Coronavirus.
- With regard to the previous points, that I have complied, in the event of contact, with the 14-day quarantine obligation or, alternatively, to have carried out a molecular swab at the end of the tenth day, which must have proved negative.
- That in the previous 14 days I have not visited an area at risk according to the indications of the WHO, the government and the regions, and in any case to have complied, if necessary, with the health provisions issued for the return from abroad (obligation to have a swab and/or quarantine). Such provisions can be consulted online and in real time on the websites of the Ministry of Foreign Affairs and International Cooperation as they are constantly subject to change: <https://www.esteri.it/mae/it/> or <https://www.viaggiare Sicuri.it>
- That I am aware of the obligation to remain at home in the presence of a fever (over 37.5°C) or other flu-like symptoms and to contact my doctor and/or health care providers.
- That I am aware of the federal protocol for accessing and remaining at training and/or competition sites.
- That I am aware that I must obligatorily and promptly notify those in charge (COVID-19 doctor or other responsible sanitary persons if present, Anti-contagion Committee and/or race organiser, training site managers and/or training technician), during my stay at the training and/or competition sites, of the onset of any type of symptoms attributable to the COVID-19 infection, including, but not limited to, body temperature over 37.5 C°, cough, asthenia, dyspnoea, myalgia, diarrhoea, anosmia, ageusia, in order to be subjected to immediate isolation and any subsequent disposition by the competent health authorities.

In witness whereof

Place and date \_\_\_\_\_

Signature \_\_\_\_\_

