

**IL CIOCCO  
ITALY****COVID-19 SELF-DECLARATION FORM FOR ATHLETES AND FOREIGN TEAMS**

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 \_\_\_\_\_

Fiscal Code/Social security number: \_\_\_\_\_

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**

- 1) That I have read the Italian regulations concerning entry into Italy (<http://www.viaggiare Sicuri.it/approfondimenti-insights/saluteinviaggio>) and that I am in compliance with the provisions of these regulations.
- 2) That I have carried out at least one swab with negative result in the 48/24 hours preceding the day of the competition.
- 3) That I do NOT have symptoms related to the Covid-19 infection, including body temperature over 37.5, cough, cold, sore throat, burning eyes, widespread pain, breathlessness, asthenia, etc;
- 4) That I have NOT come into contact, to the best of my knowledge, with a person infected with COVID-19 (family members, workplace, etc.) in the last 14 days.
- 5) 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.
- 6) That I have not received any communication from the Health Authorities regarding direct contact with a person infected with the Coronavirus.
- 7) 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.
- 8) That I am aware that I may not enter or remain in the area where the activities take place and that I must promptly declare if, even after entry, dangerous conditions arise (flu symptoms, temperature, coughing, etc.).
- 9) That I am NOT currently under quarantine measures or social isolation due to COVID-19.

In witness whereof

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

Signature \_\_\_\_\_

