**Annex 2**

**SELF-DECLARATION PURSUANT TO ART. 46 AND 47 D.P.R. No. 445/2000**

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Teacher, Researcher, Research fellow, Scholarship holder, PhD student at the Department of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- Staff of the following affiliated body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

having to access, for research activities, the following Laboratory (or other structure): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for which the responsible is Prof./Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

declares under its own responsibility

pursuant to current regional and state regulations regarding the Covid-19 epidemic,

*Questions related to the registrant in the last 15 days (indicate yes or no)*

**Conditions that individually preclude entry to the University**

Has or had body temperature ≥ 37.5 ° C

He has had contact with positive COVID-19 people

**Combinations of at least 3 symptoms, in the absence of the first two, which preclude entry to the University**

You have or have had a sore throat

Have cough and / or difficulty breathing

Have or have had a nasal obstruction

Have or have experienced muscle fatigue / pain

Have or have experienced diarrhea and / or vomiting

Presents or has presented alteration of flavors and odors

*Questions related to cohabitants, in the last 15 days (indicate yes or no)*

**Conditions that individually preclude entry to the University**

Have or have had body temperatures of ≥ 37.5 ° C

They have had contact with positive COVID-19 people

**Combinations of at least 3 symptoms in the absence of the first two, which preclude entry to the University**

Have or have had a sore throat

Have or have had a cough and / or difficulty breathing

Have or have had nasal obstruction

Have or have experienced muscle fatigue / pain

They present or have presented diarrhea and / or vomiting

They present or have presented alteration of flavors and odors

- to be informed that the personal data listed above are prescribed by the current provisions for the purposes of the activity for which this declaration is provided

- to undertake to renew this declaration promptly following a change in the data communicated above

Signature …………………………………. Date……………………………………….

The purpose of this treatment is exclusively the prevention of COVID-19 infection. The extended Coronavirus information provided by UniPV, the Data Controller regarding personal data collected through the substitute declaration, is available at the following link: <https://privacy.unipv.it/informativa-coronavirus/>