



## SELF-CERTIFICATION

Declarant's name: \_\_\_\_\_

Place of birth: : \_\_\_\_\_ Date of birth: dd \_\_\_\_/mm \_\_\_\_/yyyy \_\_\_\_\_

Permanent address: (street, number, town, province, state):

\_\_\_\_\_  
Identity document: (type) (number) (issuer) (date of issue)

\_\_\_\_\_  
Aware of the civil and criminal consequences of a false certification, also in relation to the risk of contagion within the sports structure and the practice of competitive sports activities (art. 46 D.P.R. n. 445/2000)

### I DECLARE UNDER MY PERSONAL RESPONSIBILITY

Not to be subjected to quarantine measurement or not to be tested positive for Covid-19

That you have not had any of the following symptoms in the previous 14 days:

- Fever greater than 37.5 °C
- Dry cough
- Respiratory difficulty
- Malaise

To be in possession of suitable competitive/non-competitive certification valid on the basis of current regulations.

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

Signature \_\_\_\_\_

### NOTES

1. In case of minors the declaration must be completed and signed by both parents or legal guardian
2. The above information will be processed in accordance with EU Regulation No. 2016/679 (General Regulation on the protection of personal data) for the purposes and methods set out in the information provided pursuant to Article 13 of the aforementioned Regulation.
3. The undersigned undertakes to promptly communicate any change in the clinical picture to the social doctor or the doctor of reference and must immediately suspend the activities.