I, the undersigned <<name>> <<family name>> fiscal code <<CCCFFF00C00F000C>>, telephone number << 000 0000000 (preferably mobile phone) >> as : 🞎 Professor/ Researcher

🞎 Administrative Staff (tab, cel)

🞎 Other kind of staff (post-doc, etc.)

🞎 Student

School of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

today, <<\_\_/\_\_/\_\_\_\_\_>> I declare that I have received a test report with a positive result for COVID-19 on <<\_\_/\_\_/\_\_\_\_\_>> carried out at <<indicate laboratory, institute, hospital or ASL>>;

the type of test performed is: □ molecular swab, □ rapid test, □ serological test;

the onset of symptoms occurred on <<\_\_/\_\_/\_\_\_\_\_>> ;

I last visited the University premises on <<\_\_/\_\_/\_\_\_\_\_>>.

The premises of the University attended in the last 48 hours with respect to the onset of symptoms or positivity to COVID-19, were: <<indicate all the premises>>.

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The people met at the University, in the last 48 hours with respect to the occurrence of symptoms or COVID-19 positivity, were: <<indicate name or group of people (e.g. students of nursing degree course I Year)>>.

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During my time at the University, I complied with the measures laid down in the current regulations for COVID-19 containment, namely:

* frequent hand disinfection
* use of a mask
* respect for social distancing.
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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