

SELF CERTIFICATION COVID19

(to be delivered to the Organization at the bib collection - please write in block letters)

I (SURNAME NAME)

RESIDENT (STREET, CITY, COUNTRY)

BORN IN (CITY, COUNTRY) _____THE (DAY/MONTH/YEAR)

DECLARES UNDER ITS OWN RESPONSABILITY, FOLLOWING THE ACTUAL REGULATION:

- 1) Not having been affected by COVID-19 or not having been subjected to mandatory quarantine periodo of at least 14 days;
- 2) Not currently suffering from feverish disease with temperature higher than 37,5° C;
- 3) Not currently suffering from persistent cough, breathing difficulties, sore throat, headache, severe asthenia (tiredness), drease or loss of smell/taste, diarrhea;
- 4) Not having had close contact with a person affected by COVID-19 in the 48 hours before the onset of symptoms;
- 5) Not having had close contact with a person affected by COVID-19 in the last 14 days.

Place and date: _____, _____

In Faith

Signature
