



Self-Declaration for External User Access

The Undersigned (name and surname) _____

Born in _____ on (date) _____

Institution/Company _____

Position in the Company _____

Other _____

With concern to the working activity to be performed and the time to be spent at: **INFN SECTION OF FLORENCE** from _____ to _____

Referent Person _____

DECLARES UNDER ITS OWN RESPONSIBILITY

- To be not holding any Health Authorities mandatory quarantine disposition and to have not tested positive for COVID-19;
- To have not been in touch with Covid-19 affected people in the last 14 days from now or since entering the **INFN section of Florence**;
- To be aware of the mandatory obligation to remain home and not to enter the **INFN section of Florence** and in case of flu symptoms, such as respiratory failing, cough or 37,5° fever and to inform immediately the Referent Person, the Florence INFN Section Director (phone: 055/4572080 – email: adriani@fi.infn.it) and the Local Health Authorities (phone 055/4385850);
- To be aware that, even after entering the **INFN section of Florence** should any potentially dangerous harbinger, such as flu symptoms, respiratory failing, cough or 37,5° fever occur, there is still the obligation to inform immediately the Referent Person, the Florence INFN Section Director (phone: 055/4572080 – email: adriani@fi.infn.it) and the Local Health Authorities (phone 055/4385850), to keep the social distance from any other person eventually present on site and to wear the protective mask;
- To have been informed on all measures adopted by the **INFN section of Florence** to avoid the SARS-CoV-2 spread and to be committed to their respect at all time while being at the **INFN section of Florence**;
To inform promptly the INFN Director about the eventual arisen status of Covid-19 positivity, even if diagnosed after have left the INFN site, considering a time lapse of at least 14 days after the departure.

DATE

SIGNATURE

