

Self Declaration COVID-19

Event: _____

When: _____ Where: _____

The Undersigned (Last Name and First Name) _____

Born in _____ On _____ Nationality _____

With Passport/Document _____ Number _____

Issued by _____ on _____

Resident _____

Declares

- Not to be currently suffering from fever with a temperature above 37,5°C or other symptoms as persistent cough, difficulty breathing, cold, sore throat, headache
- Not having had close contacts with person affected by COVID-19 in last 14 days
- Not to have been in a COVID 19 pandemic risk country in last 14 days
- Not to have been hospitalized in last 14 days

Date _____

Signature _____

Notes:

- 1) in case of minors, declaration must be signed by a person with parental liability
- 2) this declaration is valid only upon presentation of a regular document (passport or ID)