

**SELF-CERTIFICATION FORM CRO  
USERS, CAREGIVERS AND EXTERNAL STAFF**

This is a self-declaration which must be presented at the entrance (triage staff) at the time of access and is valid for the entire day ONLY if access takes place in the same department /service.

Mr./ Ms.

(First name) \_\_\_\_\_ (Last name) \_\_\_\_\_,

Birth date \_\_\_/\_\_\_/\_\_\_ birth place \_\_\_\_\_ ( ) resident in \_\_\_\_\_

ask to access the hospital as a:

<input type="checkbox"/> user	<input type="checkbox"/> caregiver	<input type="checkbox"/> external staff
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In pursuance of article 75 and 76 of the D.P.R. 28 december 2000 and aware of the criminal liability incurred in case of misrepresentation or the formation or the use of false documents, and of the penalties incurred

**I HEREBY DECLARE, UNDER MY OWN RESPONSIBILITY THAT**

(all conditions must be satisfied)

- I am not subject to quarantine requirements and have not tested positive to the Covid-19 virus in the last 14 days.
- I have not been in contact with someone who has tested positive to the Covid-19 in the last 14 days;
- I have not been isolated/quarantined in the last 14 days;
- I have understood all correct required behaviours that I must apply while in the hospital.

*For any other questions on personal data processing, you can check on the hospital website*

<https://www.cro.sanita.fvg.it/it/privacy/>

**PLACE, DATE AND TIME of this declaration** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_