

SELF-CERTIFICATION FORM CRO VISITORS/RELATIVES PATIENTS

This is a self-declaration which must be presented at the entrance of the department at the time of access and it is valid for the entrance during visiting time.

Access is granted to family members/visitors of hospitalized patients, in agreement with the indications of this document and to the procedures established by the Health Director of this Institute, who has one of these certifications:

- Green Pass, which will be verified by internal staff in accordance with the law;
- Recognized disability with connotation of gravity pursuant to art. 3, c. 3 Law 104

Mr./ Ms.

(First name) _____ (Last name) _____,

Birth date ___/___/___ birth place _____ () resident in _____

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 _____