

## ACCESS AND STAY AT THE UNIVERSITY RESIDENCE

[the form must be completed by the student]

I, the undersigned (Name and Surname) .....

(Fiscal code) ..... (Matriculation number) .....

(Identity Document) .....

- aware of the legal consequences expected in case of false statements;
- being aware of the measures for the containment of Coronavirus contagion in force at the present time, laid down by the provisions currently in force;

### DECLARE ON MY OWN RESPONSIBILITY THAT:

[questions referred to the declarant relating to the last 15 days; tick the relevant boxes]

1	I experienced at least one of the symptoms associated with COVID-19 infection (Temperature > 37.5°C, cough, difficulty breathing, nasal secretions, conjunctivitis, diarrhoea, rashes, loss of taste, loss of smell, other).	YES	NO
2	I have had contacts (cohabitation, social contact < 2 m for time longer than 10 min) with subjects with at least one of the symptoms listed in point 1 or subjects recognized positive for COVID-19.	YES	NO
3	In relation to the regulations in force, I underwent screening tests for COVID-19 (swab) with POSITIVE results.	YES	NO

#### Information on the processing of personal data

This document has been established to prevent the spread of Coronavirus and to contain the risk of contagion; as a preventive measure, it consents to provide certain information about your health and the processing of personal data including health data.

The data controller is .....

Your data will, in no case, be transferred to third parties, but they will be used exclusively for preventive purposes; they will be stored on site and destroyed at the end of the emergency. You may exercise your rights regarding the processing of your personal data as indicated in the privacy policy available at the University Residence.

Place and date .....

Student signature

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