



SELF-CERTIFICATION FORM - COVID-19 RISK

Attachment no. 7 of the "Anti-contagion security protocol - Coronavirus-Covid-19 emergency"

Instructions: This form must be completed, signed, scanned and sent as an attachment to the email info.archiinvilla20@libero.it or delivered simultaneously with the first access to the course booked

I, the undersigned, surname..... first name.....

Place and date of birth.....

Fiscal code.....

phone number.....

Email.....

I declare that:

- I am aware of the "Anti-contagion security protocol - Coronavirus emergency- Covid-19 "drawn up by Associazione Club della Musica

- I am aware of the provisions issued by the Italian Government for the prevention of COVID-19 contagion (The measures currently in force are available at the following internet address

<http://www.governo.it/it/coronavirus-normativa>);

- I am aware that if I fall under one of the following conditions:

1. body temperature today above 37.5 ° C

2. flu symptoms in the last 7 days

3. contacts, in the last 14 days, with people tested positive for COVID-19 or their family members or positive suspects COVID-19

4. additional preventive measures or other prescriptions such as isolation regime voluntary or quarantine on the indication of the ASL (HEALTH SERVICE)

access to Villa Baruchello Summer Academy and Archi in Villa Baruchello festival is not allowed, and I must follow the government's reporting requirements to the general practitioner, also reported in the Protocol

Date _____ Sign _____