

**SELF-DECLARATION IN ACCORDANCE WITH ARTICLES. 46 AND 47 D.P.R. NO. 445/2000**

The undersigned \_\_\_\_\_

Assignee of accommodation at the university residence of \_\_\_\_\_

Taking into account the provisions for university residences and the provisions for fighting and containing the spread of the COVID-19 virus in ALISEO university residences

**DECLARES UNDER ITS OWN RESPONSIBILITY, AWARE OF THE PENAL CONSEQUENCES ENVISAGED  
IN CASES OF FALSE DECLARATIONS (D.P.R. 28 DECEMBER 2000, NO. 445):**

- that he is not subject to quarantine or that he has not tested positive for COVID-19 (except for movements ordered by the Health Authorities);
- that he has not been and has not been in transit in the last 14 days in one of the countries for which the self-isolation is foreseen and which can be found by visiting the web page of the Italian Ministry of Foreign Affairs;
- that he has not been in one of the following countries in the last 14 days: Belgio, Francia, Regno Unito, Paesi Bassi, Repubblica Ceca, Spagna.;
- that he has performed a swab or serological test in Italy on ..... at ....., the outcome of which is negative.

**Please note: if you come from a country that provides self- isolation, you must also complete Annex A.**

ALSO DECLARES

Questions referred to the declarant in the last 14 days		
<b>Conditions that individually preclude entry into University Residence</b>	yes	no
He has or has had body temperature $\geq 37.5^{\circ}\text{C}$		
He had contact with COVID-19 positive people		
<b>He had one of these symptoms in the last 14 days:</b>		
throat pain		
coughing and/or breathing difficulties		
nasal obstruction		
muscle tiredness/pain		
diarrhoea and/or vomiting		
alteration of tastes and smells		

to be informed that the above mentioned personal data are required by the provisions in force for the purposes of the activity for which this declaration is provided - to undertake to promptly renew this declaration following changes in the data communicated above.

Signature, ..... Date .....

The undersigned, aware of the purposes of the data processing connected to the management of the Covid-19 emergency, declare that he has read the privacy policy that Aliseo has published on its website <https://www.aliseo.liguria.it/wp-content/uploads/2020/05/Privacy-Residenze-Universitarie-Covid19.pdf>

Signature, ..... Date .....

**DECLARATION FORM OF RETURN FROM COUNTRIES  
FOR WHICH SELF-ISOLATION IS FORESEEN**

(to be sent to Aliseo together with a copy of your passport if you are a non-EU student)

**The Undersigned**

Name \_\_\_\_\_ Surname \_\_\_\_\_  
Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_  
Resident: Country \_\_\_\_\_ Address \_\_\_\_\_  
post code \_\_\_\_\_ Town \_\_\_\_\_  
Fiscal code \_\_\_\_\_  
UNIGE enrollment number \_\_\_\_\_  
Telephone \_\_\_\_\_ e-mail \_\_\_\_\_  
Identity documents (please indicate type of document) \_\_\_\_\_  
Number \_\_\_\_\_

**DECLARES UNDER ITS OWN RESPONSIBILITY, AWARE OF THE PENAL CONSEQUENCES ENVISAGED IN  
CASES OF FALSE DECLARATIONS (D.P.R. 28 DECEMBER 2000, NO. 445),**

- TO BE ENTERED IN ITALY ON \_\_\_\_\_ FROM (please indicate the State) \_\_\_\_\_  
 OF HAVING STARTED SELF-ISOLATION AT: town \_\_\_\_\_ address \_\_\_\_\_

**OR**

- TO HAVE CARRIED OUT A SWAB IN ITALY ON \_\_\_\_\_  
AT \_\_\_\_\_ the outcome of which is negative.  
 I DECLARE THAT I WILL PROMPTLY NOTIFY ALISEO OF ANY SYMPTOMS THAT MAY OCCUR

the undersigned, aware of the purposes of the processing of data related to the management of the Covid 19 emergency, declares to have read the privacy policy that Aliseo has published on its website <https://www.aliseo.liguria.it/wp-content/uploads/2020/05/Privacy-Residenze-Universitarie-Covid19.pdf>

Signature ..... Date .....