



19° GARDA TRENINO HALF MARATHON

November 14, 2021

SELF DECLARATION FOR COVID-19 RISK

The undersigned _____, date of birth ____/____/____

born in _____ Citizen _____

Address _____

Mobile Phone _____

under his/her own responsibility to all legal effects aware of the criminal consequences foreseen in case of false declarations to a public official (art.495 C.P.)

DECLARES UNDER ITS OWN RESPONSIBILITY

- Not having had close contact with a COVID patient in the past 10 days;
- Not having had close contact with one or more people with fever and / or respiratory symptoms (home, office, work...) in the last 10 days;
- Not currently positive for Covid-19 and not having been subjected to the last 10 days;

Which does not have any of the following symptoms:

- fever and / or widespread muscle aches;
- upper and lower respiratory tract symptoms: cough, sore throat, breathing difficulties;
- gastrointestinal symptoms (diarrhea, nausea, etc.);
- disturbances in the perception of odors and tastes (anosmia, dysgeusia).

The undersigned also declares to be aware that the personal data provided in this declaration are

necessary for the protection of one's own health and that of all other people; therefore it lends its explicit and free consent to their treatment for the purposes referred to in the rules on containment and management of the emergency from Covid-19.

Your consent to the processing of personal data contained in this declaration.

Place and date _____

Signature _____

[in the case of a minor, fill in the following part by the person exercising parental authority]

Name and surname _____, date of birth ____/____/____

born in _____ Citizen _____

Address _____

Mobile Phone _____

Signature _____

Note

The above information will be processed in accordance with EU Regulation no. 2016/679 (General regulation on the protection of personal data) for the purposes of preventing Covid-19 referred to in the information provided pursuant to art. 13 of the aforementioned Regulation.