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COVID 19 Self Declaration for BIB Pick Up

DECLARATION

The undersigned _____

Declare

☐ I didn't have had diagnosis of Covid-19 Infection;

☐ i dind't have, in the last weeks, symptoms related to covid-19 as body temperature above 37,5° C, cough, asthenia, dyspnoea, myalgia, diarrhea, anosmia, ageusia

☐ i didn'thave contact in the last weeks with people affected by Covid 19

_____

[date and runner signature]

Note

The above information are used in respect of UE Regulation n.2016/679 (General privacy protection) only to prevent Covid-19 spread as indicated in art.13.