



# Honor Health Declaration

TNT Pisa 2023

## HONOR HEALTH DECLARATION

The undersigned (full name), \_\_\_\_\_, born on \_\_\_\_\_ at \_\_\_\_\_, citizenship \_\_\_\_\_ phone (country code + phone number) \_\_\_\_\_ Identity Card number \_\_\_\_\_ or Passport Number \_\_\_\_\_ resident or domiciled in address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Email address \_\_\_\_\_ aware of the criminal penalties provided for in the event of false declarations and the formation or use of false documents

### DECLARES UNDER HER/HIS OWN RESPONSIBILITY

that she/he has not had any of the following symptoms in the last 48 hours:

- COVID 19 positive swab,
- a cold,
- sore throat,
- fever or chills,
- a cough or an increase in my usual cough,
- unusual fatigue,
- an unusual shortness of breath when I talk or make a small effort,
- unusual muscle aches and/or pains,
- unexplained headaches,
- loss of taste or smell,
- unusual digestive signs (nausea, vomiting, diarrhea, abdominal pain...).

To undertake, if she/he has one (or more) of the above symptoms, to immediately wear a mask and contact the organization committee

that she/he is not aware of having been in contact with a confirmed case of Covid-19 in the fourteen days prior to the event

To undertake to respect the precautionary measures in force in Italy where she/he is going for the event.

Pisa, \_\_\_\_/\_\_\_\_/\_\_\_\_ SIGNATURE \_\_\_\_\_