

## HEALTH CERTIFICATE IN RELATION TO COVID-19 PANDEMIC FOR RETURN TO COLLEGE/UNIVERSITY RESIDENCE

*[to be completed by the student; questions referred to the declarant relating to the last 30 days]*

I, the undersigned (Name and Surname) .....

(Fiscal Code) ..... (Matriculation number) .....

- aware of the legal consequences expected in case of false statements;
- being aware of the measures for the containment of Coronavirus contagion in force at the present time, laid down by the provisions currently in force, concerning the limitations on the possibility of movement of natural persons within the entire national territory;

### I DECLARE ON MY OWN RESPONSIBILITY THAT

1	I entered Italy, starting from the fourteenth day before today, after staying in areas at epidemiological risk, as identified by the World Health Organization	<b>YES</b>	<b>NO</b>
2	I have/had suspicious symptoms for COVID-19 infection (e.g., flu symptoms, difficulty breathing or body temperature above 37.5 degrees Celsius) if YES specify symptoms and duration	<b>YES</b>	<b>NO</b>
3	I have/had family members with suspicious symptoms for COVID-19 if YES specify symptoms and duration	<b>YES</b>	<b>NO</b>
4	I live with subjects with suspicious symptoms for COVID-19 if YES specify symptoms and duration	<b>YES</b>	<b>NO</b>
5	I tested positive for COVID-19 if YES specify the date	<b>YES</b>	<b>NO</b>
6	I have/had family members who tested positive for COVID-19 if YES specify the date	<b>YES</b>	<b>NO</b>
7	I live with COVID-19 positive subjects if YES specify the date	<b>YES</b>	<b>NO</b>
8	I was placed in mandatory quarantine for COVID-19. if YES specify when	<b>YES</b>	<b>NO</b>
9	I have had family members in mandatory quarantine for COVID-19 if YES specify when	<b>YES</b>	<b>NO</b>

10	I live with a subject placed in compulsory quarantine	YES	NO
	if YES specify when		
11	I was hospitalized for COVID-19	YES	NO
	if YES specify where and for how long		
12	I have/had relatives hospitalized for COVID-19	YES	NO
	if YES specify where and for how long		
13	I live with people hospitalized for COVID-19	YES	NO
	if YES specify where and for how long		
14	I have family members who died of COVID-19 (suspected or confirmed)	YES	NO
	if YES specify when		
15	I have been living with subjects who died of COVID-19	YES	NO
	if YES specify when		
16	I have been tested for COVID-19 (swab or serological)	YES	NO
	if YES specify which test, when, with what result		
17	I have family members tested for COVID-19	YES	NO
	if YES specify which test, when, with what result		
18	I live with a subject tested for COVID-19	YES	NO
	if YES specify which test, when, with what result		
19	I suffer from chronic pathologies or multimorbidity or have congenital or acquired immune depressive states	YES	NO
	if YES specify, e.g. autoimmune, oncological, other		

**Information on the processing of personal data**

This document has been established to prevent the spread of Coronavirus and to contain the risk of contagion; as a preventive measure, it consents to provide certain information about your health and the processing of personal data including health data.

The data controller is EDUCatt.

Your data will, in no case, be transferred to third parties, but they will be used exclusively for preventive purposes; they will be stored on site and destroyed at the end of the emergency. You may exercise your rights regarding the processing of your personal data as indicated in the privacy policy on the EDUCatt website.

Place and date .....

Student signature

.....

To the General Practitioner

Dear Doctor,

in accordance with the provisions of the Prime Ministerial Decree of 26 April 2020 and, in particular, bearing in mind:

- Article 1(1)(a), allowing return to one's own domicile, dwelling or residence;
- Article 1(1)(k), which excludes from the suspension of school and higher education attendance, specific training courses in general medicine, courses for doctors in specialist training and the activities of trainees in the health and medical professions;
- Article 1(1)(n), which establishes that in Universities, in Institutions of Higher Education in Music and Choreography and in public research institutions internships, research, experimental and/or didactic laboratory activities and exercises may be carried out and libraries used;
- in full awareness of the health emergency still present in our country and, therefore, in compliance with the provisions contained in the Ordinance of the Ministry of Health of 20 March 2020 on "Further urgent measures on the containment and management of the epidemiological emergency caused by COVID-19, applicable throughout the country", published in the Official Gazette no. 73 of 20 March 2020,

I ASK YOU

to provide an assessment to allow your patient to re-enter the University Residence where he or she lived until the beginning of the health emergency caused by COVID-19.

In view of the fact that, in the face of the current health emergency, our University Residences are managed as "closed communities" and, therefore, the inclusion of external subjects may become a potential risk factor for the spread of contagion, I would like to stress that the final assessment you provide is of fundamental importance to protect the health of your patient, and of all the other people with whom he or she will come into daily contact within the facility.

Thank you for your cooperation.

*EDUCatt Management*

[Fill out in block letters]

I, the undersigned Dr .....

General Practitioner of Mr/Mrs .....

On the basis of the above statements made by my client, the information in my possession and the following considerations

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I EXPRESS THE FOLLOWING ASSESSMENT

I DO NOT have any contraindications for the return of my patient to community life at the University Residence where he or she lived until the beginning of the health emergency caused by COVID-19.

I have contraindications for the return of my patient to community life at the University Residence where he or she lived until the beginning of the health emergency caused by COVID-19.

(Specify which ones)

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Place and date.....

Doctor's (readable) signature and stamp

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Doctor's telephone number (in case clarifications are needed)

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EDUCatt reserves the right to admit the student after any further study by the Health Centre.