

SUBJECT: SUBSTITUTE DECLARATION OF THE VISITOR AS A FAMILY REPRESENTATIVE

The undersigned ..... , born in .....  
..... , date  
\_\_\_\_/\_\_\_\_/\_\_\_\_, ,

aware of the responsibilities and penalties according to article 76 of the Italian Presidential Decree 445/2000 for false false claims and declarations,

Following the above,

HE DECLARES

- that his own health (as well as that of family members) is good, without any flu symptoms or signs of COVID-19 (fever, sore throat, cough, difficulty breathing, loss smell and taste, diarrhea, diffuse joint and muscle pain or other symptoms attributable to COVID-19).
- that neither he nor his family members are currently subjected to the measure of quarantine or fiduciary isolation with health surveillance in accordance with current legislation.
- to comply with the hygiene regulations (e.g. frequent hand washing) and to follow the recommended behavioral measures in accordance with the national guidelines and the signs inside the facility, such as compliance with the interpersonal distance of 1.0 m (recommended 1.8 m for Tuscany ) to adhere to the mask requirement and staggered access in some areas etc. as indicated by all applicable guidelines.
- IN THE EVENT OF A PERSON WITH SYMPTOMS, FOLLOW THE FOLLOWING PROCEDURE:  
In the event that a person present in the facility develops fever > 37.5 ° C and shows symptoms such as respiratory infections (e.g. cough), this must be reported immediately. At the same time, this person (as well as their family members) must be isolated immediately and, in accordance with the regulations of the health authority, should this not have been done, put on a mask. After that, proceed immediately to:  
a) notify the health authority through emergency numbers for COVID-19 supplied by the region or Ministry of Health;  
b) collaborate with the health authorities for the definition of any "close contacts" of one person present who has been tested positive for COVID-19 swab. This is in order to allow the authorities to apply the necessary and appropriate quarantine measures; c) ask, for the investigation period, for any possible close contacts and leave as a precaution, the facility according to the indications of the health authority.

Number of family members .....

Place and date

.....

The registrant

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*Privacy information: owner of the personal data processing Village Srl, with registered office in Via Sanzio, 58022 Follonica (GR). Complete information viewed by myself is available at the operating office in via Via Sanzio, 58022 Follonica (GR).*