**STATEMENT ON ONE'S OWN RESPONSIBILITY**

In order to prevent and limit Coronavirus SARS-CoV-2 disease, in order to protect you and the staff you interact with in the

UAV, we ask you to complete, on your own responsibility, this statement.

1. You have traveled abroad in the last 14 days? If you have made such a trip, specify in which area.

YES\* □ NO □

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the area / country in which you traveled).

2. Have you interacted in the last 14 days with people who have been infected with Coronavirus SARS-CoV-2 (COVID-19

infection) or who have shown symptoms specific to such a virus?

YES □ NO □

3.You have had one or more of the following symptoms in the last 14 days:

|  |  |  |
| --- | --- | --- |
| Fever | YES □ | NO □ |
| Difficulty swallowing | YES □ | NO □ |
| Difficulty breathing | YES □ | NO □ |
| Muscle aches | YES □ | NO □ |
| Intense cough | YES □ | NO □ |

I also declare, on my own responsibility, that I do not suffer from comorbidities that would restrict my presence at

courses/ seminars / laboratories organized "face to face" and / or access to the dormitory.

I have taken note of the fact that non-compliance with the measures regarding the prevention or control of contagious

infectious diseases is sanctioned according to art. 352 of the Penal Code and art. 34 lit. m) of H.G. no. 857/2011 on the

establishing and sanctioning contraventions to the norms in the field of public health, with the subsequent modifications and

completions.

Name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth:\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Faculty \_\_\_\_\_\_\_\_\_, study program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of study\_\_\_\_\_\_\_\_\_\_\_, academic year 2020-2021

Date of completion\_\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_