for admission to the degree course in:

Veterinary medicine  $\Box$  (cross with an X)

Medicine and surgery, dentistry and dental prosthesis  $\Box$  (cross X)

The undersigned Surname ......Date of birth .....Name....Resident Place of birth .....Resident in .....Identity document.....Issued by ......on .....as ......(e.g. candidate, member of the classroom commission, supervisory staff, technical administrative staff, etc..) in .......(indicate the location of the test) under his own responsibility, aware of the penalties provided for in the event of a false declaration pursuant to art. 76 of the aforementioned Presidential Decree, declares the following:

• not to have respiratory symptoms or flu-like symptoms or fever above 37.5 ° C;

• that he is not currently in quarantine or in trustee home isolation and, to the best of his knowledge, that he is not positive for Covid-19 / Sars-Cov-2;

• not to have been in contact with positive people at Covid-19 / Sars-Cov-2, to the best of their knowledge, in the last 14 days.

This declaration is issued as a preventive measure related to the pandemic emergency of Covid-19 / SARS-CoV-2.

Place and date .....

Legible signature of the interested party

.....

Information pursuant to art. 13-14 European Regulation 679/2016 on data protection

I declare to be informed, pursuant to and for the purposes of articles 13-14 EU Regulation 679/2016 on data protection, that personal data collected will be processed and may be communicated to the subjects required by law, even with IT tools, exclusively within the scope of procedure for which this declaration is made and that it is also possible to exercise the right of access on them pursuant to art. 15 of EU regulation 679/2016.

Place and date .....

Legible signature of the interested party

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