



*Ministero dell'Università e della Ricerca*

**Admission test to degree courses with access restricted**

*Degree Course in Nursing  
Test date: 15 September 2022*

**Academic year 2022/2023**

**COVID-19 SELF-CERTIFICATION**

**DECLARATION ACCORDING TO ARTICLE 47 Decree of the President of the Republic number 445/2000**

I, the undersigned declarant, .....  
NAME AND SURNAME

Born on ...../...../..... in ..... (.....)  
DAY MONTH YEAR CITY/TOWN PROVINCE/COUNTRY

Resident in ..... (.....)  
CITY/TOWN OF RESIDENCE PROVINCE/COUNTRY

Address (street) ..... number .....

Document of identification ..... number .....

Issued by ..... date ...../...../.....  
NB: FOR ELECTRONIC ID CARDS PUT MINISTRY OF INTERIOR DAY MONTH YEAR

To access .....  
INDICATE LOCATION OF THE TEST

**DECLARE  
UNDER PERSONAL RESPONSIBILITY**

***According to article 76 of Decree of the President of the Republic number 445/2000, I am fully aware of the civil and legal consequences of making a false declaration***

not to have the following symptoms: temperature above 37.5°, flu-like, Covid-19-like/pneumonia-like symptoms



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- not to be currently under any isolation measure designed to contain the spread of COVID-19
- not to have tested positive for the virus Covid-19 or to have tested positive and to have received a certificate of complete recovery
- to be aware of the contagion containment measures.

*(please tick all the applicable items, and it is specified that in the absence of only one of these ticks the candidate will not be admitted into the room to sit the test)*

**Information pursuant to article 13-14 of the European rule 679/2016 on data protection**

*I declare to be informed, according to purposes of article 13-14 EU Regulation 679/2016 on data protection, that the personal data collected will be elaborated and may be communicated to subjects as the law requires, also in electronic format, exclusively for the purpose for which this declaration is made and that is possible exercise the right to access it according to article 15 of the EU Regulation 679/2016.*

Place .....

Date.....

**SIGNED**

.....

*(Legible signature of the declarant)*