

BLU TREMITI DIVING ASD

SELF-CERTIFICATION

(Art. 46 of the Presidential Decree 28.12.2000, n. 445)

STATUTORY DECLARATION

(Art. 19 and 47 of the Presidential Decree 28.12.2000, n. 445)

I,

Name		Surname	
Birth place		Birth date	
Place of residence		Address	
Fiscal code		Phone	
Domicile (when different from place of residence)			
City		Address	

- aware of the penal sanctions in art. 75 and 76 of Presidential Decree 445/2000 in case of mendacious declarations of false information;

- aware of the situation of national sanitary emergency **COVID19** which to date concerns all of Italy's regions, requiring health and safety obligations and recommendations for the mandatory use of means of individual protection indoors outdoors and in public spaces, for travel and respect of social distancing,

DECLARE

under my own responsibility:

1. that on this present date I am not subject to health and safety provisions for the treatment of **Covid19** and/or mandatory home-quarantine for said safety precautions;
2. that I have not come in contact during the 14 preceding days with individuals who are positive to **Covid19** testing;
3. that during my travel to the Tremiti Islands (FG) I have taken all the necessary precautions imposed on citizens by the Italian National Health Institute (ISS) to avoid the spreading of the virus (including social distancing, protective masks, use of antibacterial gel, gloves etc...);
4. that on this day I have no fever, cough, difficulty breathing, general discomfort and/or flu symptoms;
5. that I am in possession of a individual-use protective masks necessary for the whole sojourn and planned activities, sufficient until my departure;
6. should I, upon returning to my residence/domicile, during the 14 days after the present date, feel any of the above symptoms of contagion, and should I test positive to Covid19, I will contact "**Blu Tremiti Diving**" as a matter of utmost urgency via e-mail at the address info@blutremiti.it or via SMS at the number +39 3460961324 in order to ensure measures can be taken to contain the further spreading of the virus.

7. that I am aware of the European Privacy regulations GDPR 2016/679-(UE) and I agree to consent to the treatment of my data which may be communicated to third parties in order to adhere to any legal obligations.

I attach a photocopy of valid ID.

Place_____

Date_____

Name in full_____

Legible signature_____

BLU TREMITI DIVING

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