



This declaration must be signed and delivered via email to: info@tonalevolution.it WITHIN 48 HOURS BEFORE THE LESSON START

DECLARATION OF RESPONSIBILITY

Having acknowledged the content of the anti-covid protocol, in order to contain the risk of contagion,

I, the undersigned _____ born in _____ on _____

DECLARE for myself and / or that the minor (according to Presidential Decree no. 445 of 28/12/2000)

- that I have not tested positive for COVID-19 at medical swab (if done)
- that I am not currently subject to the quarantine measure
- that I have not had fever in the last 48 hours (≥ 37.5 ° C)
- that I have not had flu-like symptoms in the past 14 days (fever, cough, sneezing, respiratory difficulties) or other symptoms (vomit, diarrhea, conjunctivitis, profuse tiredness, joints pain and / or loss of taste and smell)
- that I have not had close contact in the last 14 days without using protections with Covid-19 positive or quarantined people (e.g. relatives, cohabitants)

Signature of the citizen (or of the legal representative in the case of minors or interdicted)

Place _____ Date _____ Signature _____

DECLARATION OF RESPONSIBILITY for the person accompanying one or more children to a lesson.

Having acknowledged the content of the anti-covid protocol, in order to contain the risk of contagion,

I, the undersigned _____ born in _____ on _____

DECLARE for myself and / or that the minor (according to Presidential Decree no. 445 of 28/12/2000)

- that I have not tested positive for COVID-19 at medical swab (if done)
- that I am not currently subject to the quarantine measure
- that I have not had fever in the last 48 hours (≥ 37.5 ° C)
- that I have not had flu-like symptoms in the past 14 days (fever, cough, sneezing, respiratory difficulties) or other symptoms (vomit, diarrhea, conjunctivitis, profuse tiredness, joints pain and / or loss of taste and smell)
- that I have not had close contact in the last 14 days without using protections with Covid-19 positive or quarantined people (e.g. relatives, cohabitants)

Place _____ Date _____

Signature _____