



PALERMO POLICE HEADQUARTERS
Immigration Office

DISCLAIMER

to be filled in by the foreign claimant's family member, assistant/ adviser(CTP)
For the purpose of preventing any risk of Sars-Cov-2 contagion,

The undersigned Mr/Mrs/Ms _____ born in
_____ on ___/___/____, and _____ residing in

hereby DECLARES under his/her responsibility

(as set out in D.P.R. 28/12/2000 No.445)

- has not been placed in quarantine as a COVID 19 infected person;
- is not living together with COVID 19 infected persons kept in quarantine ;
- has not had a temperature the same as or higher than 37,5 °C in the last 14 days, or any flu-like symptoms such as a cough, sneezes ,sore throat,rhynorrhoea,respiratory difficulties,sickness,diarrhea,conjunctivitis, overexhaustion, widespread sore joints, loss of senses of smell and/or taste;
- has not had any family member of 1st degree of kinship deceased in the last 14 days for undiscovered reasons;
- has not been dismissed by a hospital and/or not to have attended any COVID 19 hospital wards in the last 14 days;
- has not been previously infected with SARS-CoV2 with suspected symptoms of a relapse of the disease.

_____ (Place)

___/___/_____ (Date)

_____ (Signature)

The Head of the Immigration Office