**RETURN TO WORK STATEMENT**

**(based on a model prepared by the Friuli Venezia Giulia Region)**

**The undersigned**

First name

Last name

born on

in

resident on

in

**Aware of the penal consequences foreseen in case of false declarations (art.76 of Presidential Decree 445/2000 and art. 495 penal code in case of declaration to public officials)**

**ACKNOWLEDGE RECEIPT OF THE INFORMATION AND CONFIRM**

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| **to be not quarantined or to have been not tested positive for COVID-19 or, in case of a positive test, to have performed two negative diagnostic swabs for SARS-COV-2;** |
| **to be not aware of having had contact with family members, cohabitants or friends who are COVID-19 positive and to be aware that I cannot enter or remain in the company if I have had contact with people who are positive for the virus during the 14 days prior to my return** |
| **to be aware that I must stay at home and do not go to work if my fever exceeds 37.5° and/or have flu-like symptoms (fever, sore throat, cough, difficulty breathing), or other symptoms related to COVID 19 (loss of smell and taste, diarrhoea, widespread joint and muscle pain or other symptoms) and that must contact my doctor and/or other regional health authorities (112, 800500300); in this sense I declare that I do not present the symptoms reported above** |
| **to know and respect the rules given on social distancing, hand washing, proper use of masks, disinfection of environments** |
| **to have received adequate information and training in accordance with the conduct and procedures laid down for access to SISSA, for the performance of activities within its facilities and for the use of its services** |
| **to be aware that I cannot remain in the company and to have to declare it promptly if, even after entering the company, there are potentially dangerous conditions (fever and/or similar flu or other symptoms mentioned above), taking care to stay at a suitable distance from the people present, to return home and to contact the attending doctor** |
| I declare on my own responsibility that the above statements are true |
| *I also declare to be aware that I will abide by these behaviours, signed today, also in the future and that any change in today's situation (quarantine, positivity, contacts at risk, etc.) must be communicated to the employer and to the competent doctor.* |
| **I declare to be informed, pursuant to and for the purposes of Regulation (EU)**  **2016/679 "General Data Protection Regulation" (GDPR) and of the provisions of Legislative Decree 196/2003 "Code regarding protection of personal data ", as amended by Legislative Decree 101/2018, that all data provided to SISSA, for the purposes connected and instrumental to the existing article / articles, will be processed, also with IT tools, adopting the appropriate measures to guarantee their security and confidentiality, in compliance with the aforementioned legislation. Information regarding the processing of data and related information can be found at the following address: http://www.sissa.it/it/privacy**  **SISSA collects personal data not related to the state of health in order to comply with obligations regarding health and safety in the workplace, also with reference to the communication of the Garante for the protection of personal data of 2 March 2020, which provides for the creation of dedicated communication channels for the assessment of biological risk. The interested party may exercise the rights under Articles 12-22 of the GDPR of access, limitation, rectification, portability, opposition, cancellation, compatibly with the obligations of the owner, by sending an email to the following address: info@sissa.it**  I consent |

**In witness whereof**

**Date**

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| Signature |