



I undersigned (*Name and Surname*) .....

Born in ..... ( ) on .....

Resident in ..... ( ) address: .....

Domiciled in ..... ( ) address: .....

Phone: .....

### DECLARE UNDER MY OWN RESPONSABILITY

For myself and my children under the age of 18

- Not to have being **diagnosed with COVID-19**, i.e. not having been subjected to **compulsory quarantine or isolation**;
- Not to be currently suffering from **symptoms related to Covid-19** (body temperature equal to or higher than 37,5° C, persistent cough, shortness of breath, muscle pain, sore throat, headache, fatigue, diarrhea, decrease or loss of taste or smell);
- Not to have had any **contact**, in the last 14 days, **with people who tested positive for COVID-19**;
- Not to have received any **communications, from relevant Authorities**, regarding close contact with people infected with Covid-19;
- Not to come from Covid-19 **risk areas** according to WHO guidelines

### AND UNDERTAKE TO

- Respect the **protective measures** adopted in order to access the National Museum of Cinema locations;
- Immediately inform** the National Museum of Cinema **of any changes** of the above conditions.

*I hereby authorize the processing of personal data under the personal data processing legislation (art. 13 EU Reg. 2016/679 and art. 13 of Legislative Decree 196/2003).*

Privacy policy: <https://www.museocinema.it/en/privacy-policy>

Torino, .....

Signature: .....