

## REQUEST TO ACCESS THE PREMISES OF THE UNIVERSITY OF TRIESTE

(and of its partners)

I, unc	dersigned,		
Fisca	ll Code:,		
born on (dd/mm/yyyy)/ in			_)
full a	uddress:		
in my	y quality of		
	permanent staff of this University		
	temporary staff of this University		
	student/PhD student/research grant holder in this University		
	intern at a University partner		
	other (specify)		
(struc	cture)		
(addr	ress)		

## HEREBY DECLARE

- 1. to have the necessity to access the premises of the University of Trieste (or of its partner) on \_\_\_\_/\_\_\_\_ or from \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ (and specifically on the following days \_\_\_\_\_\_) for the following reasons
- 2. to perform all activities, while within those premises, exclusively in the following building \_\_\_\_\_\_room/lab

<sup>3.</sup> to be aware of the measures currently adopted by the national and local goverment to limit the widespread of the Covid-19 contagion, as well as of the criminal penalities for failure to follow them, including the penalties for false declarations;

<sup>4.</sup> to be aware that anyone having flu symptoms like a temperature of 37,5°C or more must stay at home and inform one's GP as well as the local health authorities;

<sup>5.</sup> to be aware that no one who had contacts with people affected by Covid-19 during the previous 14 days can access the university/partner premises;



- 6. to be aware that one has to immediately inform they have been in condition of potential danger (having flu symptoms like a temperature of 37,5°C or more, having sojourned in risk areas or having been in contact with people affected by the virus in the previous 14 days), even after having accessed the university/partner premises, taking care to keep an adequate distance from other people;
- 7. to be aware that people that were affected by the Covid-19 virus can only access the University/partner premises after transmitting a document of the competent health autorities testifying that the person has been tested again and has received a negative result,;
- 8. to have read and understood that all the rules included in the Joint Protocol regulating the measures to fight and contain the widespread of Covid-19 apply within the University premises;
- 9. to commit oneself to immediately communicate to the University authorities any change in what has been certified by the present document;
- 10. to have read the Privacy Policy and have been informed that data will be collected for the sole purpose to prevent the contagion from Covid-19 and guarantee the safety of people accessing the university/partner premises in accordance with the current legislation.

Date	Signature			
The person in charge Signature   (i.e. the coordinator of the PhD programme for PhD students, the scientific tutor for research grant holders , interns and the thesis advisor for graduating students)				
Head of Department	Signature			
(countersignature for students, research grant holders and interns; endorsement for teachers, researchers and technical staff of a given department),				
Department Administrative	Signature			

<u>Officer /Head of the Office</u> (endorsement for administrative staff of a given department and for the technical and

aministraive staff of the central administration),

- A signed copy of this form will be kept by the applicant and another one by the relative Head/Officer/Manager.
- Heads of department will send a copy of the form filled in by teachers, researchers, research grant holders and students to direzione.generale@units.it.
- A copy of the forms filled in by technical and administrative staff will be sent to <a href="mailto:aaggpersonale@amm.units.it">aaggpersonale@amm.units.it</a>.
- A copy of the forms filled in by the contractors' staff will be sent by the person in charge to <a href="mailto:prevenzione@units.it">prevenzione@units.it</a>;
- The access to the premises of partners is subject not only to the filling in of the present document, but also to the authorisation of the hosting partner.