

Visitors/Technicians/Consultants Health Declaration	
<i>Must be completed prior to entering Site office / storerooms</i>	
Date: _____	Reference person on Site: _____
Nome: _____	
<i>To assist us in protecting the health and safety of all persons in the office, please answer the following questions:</i>	
<p>1. <i>In the past 14 days, have you travelled from or through China, Hong Kong or Macau (including transiting through an airport in these locations) or in other countries with outbreak of Covid-19? And/or have you been in contact with any person living in the above-mentioned areas?</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> No
<p>2. <i>In the past 14 days have you been in any Italian area where Covid-19 outbreak is confirmed and access limited? And/or have you been in contact with any person living in those areas?</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> No
<p>3. <i>In the last 14 days, have you had contact with a suspected or confirmed case of coronavirus, or a person under monitoring for coronavirus?</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> No
<p>4. <i>In the past 14 days, have you had a fever, cough or difficulty breathing?</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> No
<p>This questionnaire may be reported to the relevant public health authorities. Penalties may apply to any individual who knowingly and wilfully makes a false, fictitious or fraudulent statement or representation.</p> <p>I certify that the above declaration is true and correct and that any dishonest answers may have serious public health implications.</p> <p>Costa will collect and process the personal data provided in full compliance with the provisions of EU Regulation no. 679/2016 (GDPR) and the national implementation legislation on the processing of personal data. The collected data will be processed exclusively for the purposes indicated above pursuant to the Law Decree of 23 February 2020, n. 6. The collected data will be kept in compliance with the most advanced levels of safety and protection and for the time required by the applicable legislation.</p>	
Signature: _____	
For Official Use Only:	Form Validated: <input type="checkbox"/> By Initial:
HEA/01/2020 Rev3 2020-1: V4 (Guest/Empl -CoV)	