



REQUEST TO ACCESS THE PREMISES OF THE UNIVERSITY OF TRIESTE

(and of its partners)

(18 MAY-2 JUNE)

I, undersigned, _____

Fiscal Code:, _____

born on (dd/mm/yyyy) ___/___/___ in _____ (_____)

full address: _____

in my quality of

- permanent staff of this University
- temporary staff of this University
- student/PhD student/research grant holder in this University
- other (specify) _____

(structure) _____

(address) _____

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 _____ floor _____ room/lab
3. to be aware of the measures currently adopted by the national and local government to limit the widespread of the Covid-19 contagion, as well as of the criminal penalties for failure to follow them, including the penalties for false declarations;
4. 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;
5. 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 authorities 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 and the thesis advisor for graduating students)

Head of Department

Signature _____

(countersignature for students and research grant holders; endorsement for teachers, researchers and technical staff of a given department),

Department Administrative
Officer /Head of the Office

Signature _____

(endorsement for administrative staff of a given department and for the technical and administrative 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 aaggpersonale@amm.units.it.
- 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.