

SELF-CERTIFICATION ABSENCE FROM SCHOOL

The undersigned Mr./Ms. _____

Born in _____ (_____) on ____/____/____

Resident in _____

as parent (or holder of parental responsibility) of:

Born in _____ (_____) on ____/____/____

aware of the civil and criminal liability incurred in the case of false statements, and aware of the importance of compliance with the COVID-19 containment measures currently in force for the protection of the health of the community

DECLARES

⇒ That the above-named student was absent from _____ to _____ for family reasons.

⇒ That the above-named student was absent from _____ to _____ for medical reasons and that upon returning to school does NOT present the following symptoms:

- fever with body temperature above 37.5°C
- persistent dry cough
- breathing difficulties, respiratory stress
- conjunctivitis
- rhinorrhea/nasal congestion
- gastrointestinal symptoms (nausea/vomiting, diarrhea)
- significant loss of smell/taste
- sore throat
- severe headache
- severe myalgia/ muscle pain and weakness

⇒ That the attending doctor (Free Choice Pediatrician or General Medicine Doctor) has been contacted for clinical evaluations and examinations necessary, before readmission to the service/ school.

Place - Date

The parent /holder of parental responsibility
