

## COVID-19 VACCINATION

### DECLARATION IN LIEU OF CERTIFICATION AND AFFIDAVIT

**articles 46 and 47 of the Decree of the President of the Italian Republic no. 445 of 28  
December 2000**

To the Health Authority \_\_\_\_\_

I, the undersigned, (name and surname) \_\_\_\_\_, born on (date) \_\_\_\_\_  
in (place) \_\_\_\_\_, permanent address in (city) \_\_\_\_\_ (address) \_\_\_\_\_  
\_\_\_\_\_, identity document no. \_\_\_\_\_

aware of the penal sanctions in the event of untruthful statements and document falsification, pursuant to art. 76 of the Decree of the President of the Italian Republic no. 445/2000, and the forfeiture of any benefit achieved on the basis of untruthful declarations, pursuant to art. 75 of the Decree of the President of the Italian Republic no. 445/2000;

DECLARE that

- I am registered in the registry of Italians living abroad
- I am an officer of the European Union, I am a family member, I am a retired officer and I live in Italy
- I am a Diplomatic agent or technical-administrative officer of a diplomatic mission, I am a family member and I live in Italy
- I am an officer of an international organization, I am a family member and I live in Italy
- I am a Health worker
- I am a student/trainee/postgraduate in the health sector

and my duty station is \_\_\_\_\_

address (city) \_\_\_\_\_ (address) \_\_\_\_\_

Pursuant to art. 13 of the Legislative Decree no. 196 of 30 June 2003, we inform you that the personal data contained in this declaration will be processed even with IT tools and exclusively as part of the procedure for which this declaration is made.

Place and date

Signature

\_\_\_\_\_

\_\_\_\_\_