



SELF-CERTIFICATION OF THE FAMILY'S HEALTH STATUS

The undersigned _____

first and last name of father and mother

Parents of _____

first and last name of child

Aware of all the civil and criminal consequences foreseen in case of false declaration and that in pediatric age the infection is often asymptomatic or paucisymptomatic

they claim to have consulted the General Practitioner for the following symptom reported by the family

member _____

first and last name of family member and symptom

First and Last Name of the General Practitioner declares the following _____

Signature of both parents _____

Lerino, 1° settembre 2020