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Sede Legale: Via M.della Libertà' 95/e •  
52027 San Giovanni Valdarno (AR) •  
Italia

Dear Mr. \_\_\_\_\_,

We look forward to seeing you soon for the training event at VISIA Imaging S.r.l.. Due to the current coronavirus pandemic, we are obliged to send you this form and kindly ask you to fill it in, sign it and hand it over to us on the first day of training at VISIA.

Thank you very much for your understanding!

## Declaration

I,

\_\_\_\_\_  
First name

\_\_\_\_\_  
Last Name

herewith declare that I have not had any contact with a person tested **positive for SARS-CoV-2** within the past 14 days.

that I currently do not have any of the COVID-19 symptoms defined by the Robert Koch Institute:

New loss of taste or smell

Fever

Cough

Sore throat

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

In case you cannot confirm any of the items above or have any questions, please contact the Human Resource office in VISIA imaging prior to your journey in writing [hr@visiaimaging.com](mailto:hr@visiaimaging.com). If you present any acute cold or flu symptoms, please refrain from travelling.