

## **INFORMED CONSENT FORM AND TRIAGE TRAVELER EVALUATION**

To practice Nasopharyngeal SWAB for SARS-COV-2 research

CODICE

Dear Madam/Sir, the <u>Local Health Authority</u> to which you belong as <u>Data Controller</u>, informs you that your personal data, if you agree to undergo the swab, are processed in compliance with EU Regulation 2016/679 ("Regulation") and Legislative Decree 196/2003 as amended by Legislative Decree 101/2018. Considering that the COVID-19 health emergency requires data processing in addition to ordinary practice, we provide you with the following information:

HOLDER DATA PROTECTION	Pursuant to artt. 4 and 24 of the Regulation, Data Controller ("Owner") is the reference Local Health Authority (ASL) in the respective registered offices. Pursuant to artt. 37 and 39 of the Regulation, the reference ASL has its own Data Protection Officer ("DPO").
TYPES OF DATA	For the purposes indicated below, the following categories of data may be processed:  - Personal data of one's own and of cohabiting persons;  - Personal data on the profession, work activity and workplace;  - Area of origin and / or transit, as well as mapping of movements;  - Details of the domicile of fiduciary isolation;  - Health related data and related monitoring;  - Judicial data.

## WRITE IN BLOCK LETTERS

The undersigned (Surname)	(Name)		Born in	
On/ Identification Do	ocument Number			
Residence (City) Pro	ov. () Street			ZIP code
Indicate the destination address in Italy where the q	quarantine will be carried	out (if different from the r	residence):	
(City) Prov. (	_) Street			_ ZIP code
If you are a tourist, name of the Hotel or B&B				
Mobile Phone:  Country Code    _Num [if you do not have an Italian phone number, add your of	ber    country code (example UK:		_	_  _
Email				
Flight origin		Landed at Naples Capodio	chino Airport today at _	
Flight number	Airline company			
Aware of having to undergo the oro-nose pha	aryngeal swab for rese	earch in molecular diag	nostics of SARS-COV-	-2 pursuant to and

Aware of having to undergo the oro-nose pharyngeal swab for research in molecular diagnostics of SARS-COV-2 pursuant to and for the effects of the DPCM of 2 March 2021;

## **I COMMIT**

- To report my arrival to the Prevention Department of the territorially competent Health Authority;
- To undergo, regardless of the outcome of the swab, health surveillance and fiduciary isolation for a period of fourteen (14) days starting today at the residence/destination address indicated above, as required by the DPCM of 2 March 2021;

## **I DECLARE**

to have received from the person in charge of carrying out the swab exhaustive explanations regarding the procedure; to have had the opportunity to ask clarifying questions and to have received satisfactory answers; that i want to receive the result of the nasopharyngeal swab by means of communication from the territorially competent health authority.

Naples. (Date) /	/ DECLARANT SIGNATURE	