



**SELF-DECLARATION REQUIRED TO ACCESS  
ITALIAN CULTURAL INSTITUTE in NEW YORK**

DATE OF THE APPOINTMENT (MM/DD/YY)	TIME (HH:MM)
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FIRST NAME	
LASTNAME	
DATE OF BIRTH (MM/DD/YY)	NATIONALITY
EMAIL	PHONE NUMBER

To prevent the spread of COVID-19 and reduce the risk of exposure to employees and visitors inside the IIC NY, each person seeking access to the [IIC NY](#) is required to fill in the following, and provide a copy of this declaration at the IIC NY entrance.

I have been fully vaccinated <sup>1</sup> against COVID-19 and I am able to provide proof of vaccination (if requested);	True	False
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Neither I, nor any member of my household, are currently affected by - or have knowingly been in contact with someone affected by - COVID-19 during the past 10 days;	True	False
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Neither I, nor any member of my household, are experiencing fever or signs of respiratory illness such as cough, shortness of breath or difficulty breathing, or other COVID-19 symptoms;	True	False
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I understand that persons may be affected by COVID-19 and: (i) not exhibit symptoms; (ii) not be aware that they are affected or (iii) may not voluntarily agree to disclose their conditions.	True	False
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Neither I, nor any member of my household, have visited countries mentioned on the CDC website during the past 14 days. If FALSE, please indicate the following:	True	False
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Countries:
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Date of return to the US:
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Length of the stay (days):
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Neither I, nor any member of my household, have traveled to another US State (other than Maryland and Virginia) in the past 10 days. If FALSE, please indicate the following:	True	False
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US States:
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Length of the stay (please indicate start and end date):
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I also accept to follow the rules provided by the CDC website for the entire duration of the visit to the IIC NY.

In particular:

- ✓ wash my hands often;
- ✓ follow social distancing rules and avoid close contact with other individuals;
- ✓ cover my mouth and nose with a cloth face covering or a surgical mask. I am aware that due to supply shortage the IIC NY may not be able to provide such mask.

By signing below,

- ✓ I certify all information is true and correct to the best of my knowledge.
- ✓ I am aware that I will not be allowed to enter the IIC NY if any of the above statements fails to meet the health requirements set out by local and Italian authorities.
- ✓ I undertake to inform the IIC NY if, after the date this document is signed, there is a change in my health condition, or I come into knowledge that potentially puts others at risk, or which invalidates the representations made in this document.

Date (MM/DD/YY)	Signature
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The personal information provided is compliant with the General Data Protection Regulation (EU) 2016/679, art. 13 and will be stored for the time of the Covid-19 Emergency period only.

1) According to the CDC, in general people are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.