I am aware that throughout the production there will be a Health Manager, who will be authorized with the respective responsibilities for the control of the observance of 4Π by all production members and factors and I accept that in the context of ensuring the maximum possible protection of all of us, it is possible to be subject to examinations and questions concerning my sensitive personal data, in order to control the possible existence of a suspected case of virus covid-19 in the production location. This sensitive personal data will not be processed, stored or communicated to any third party.

* **HAVE YOU TRAVELLED ABROAD, WITHIN 2020?**

**YES – NO**

* **HAVE YOU BEEN INFECTED BY COVID 19?**

**YES – NO**

* **HAVE YOU BEEN IN CONTACT WITH COVID 19 OUTBREAKS?**

**YES – NO**

* **DID YOU HAVE FEVER WITHIN LAST MONTH?**

**YES – NO**

* **HAVE YOU BEEN HOSPITALIZED WITHIN 2020 FOR ANY REASON IN A HOSPITAL OR CLINIC?**

**YES – NO**

**DATE:**

**FULL NAME:**

**SIGNATURE:**