GENERAL INFORMATION FOR INFN VISITORS ON RECOMMENDED BEHAVIOUR TO ADOPT IN ORDER TO AVOID COVID-19 SPREAD

Institution name:	
Your employee authorization to access to or	ur Laboratory, is confirmed for the following period:
Name and Surname	Authorized Access FROM TO
We declare that people incoming from Italy (such as mandatory quarantine, etc.)	do not have, in our country, any access restriction
All disciplinary documents issued by our lab in order to avoid the Covid-19 spread are av	oratory concerning the practical procedures to adopt vailable:
☐ at the following link:	
☐ in the attached document	
The visitors should have the following Perso the Covid-19 spread in the Laboratory:	onal Protective Equipment (PPE) necessary to prevent
☐ PPE are provided by the Laboratory	ton
☐ PPE are NOT provided by the Labora	tory
During the stay in the Laboratory, should th or respiratory failing, he/she must immedia	e employee develop flu symptoms such as fever, cough tely contact:
The Laboratory Referent: (Mr./Mrs. and cor	ntact number)
The Local Health Authorities: (e.g. emergence	cy helpline for COVID-19)