



Istituto Comprensivo Grazzanise

Via Montevergine 58, - 81046 Grazzanise (CE)
e-mail: ceic8am001@istruzione.it pec: ceic8am001@pec.istruzione.it
C.F. 93086240616 – CU: UFCRO9 - 0823/964695

AUTODECLARATION OF THE FAMILY – VACCINATIONS In accordance with DL 1/22 – DM 11/22

The undersigned

FATHER/ TUTOR/ TRUSTEE

Surname _____ Name _____

Born in _____ on ___ / ___ / ___,

MOTHER/ TUTOR/ TRUSTEE

Surname _____ Name _____

Born in _____ on ___ / ___ / ___,

Parents/tutors/trustees of the student _____ enrolled in the class _____ of the:

- Nursery school, building _____
- Primary school, building _____
- Secondary school, building _____

aware of penalty in case of false declaration or use of false acts as stated in the article 46 of D.P.R. n. 445/2000, and aware of COVID-19 preventive measures

HEREBY DECLARE

That the student:

- Is not vaccinated
- Got the 1st dose of vaccine (on ___ / ___ / ___)
- Got the 2nd dose of vaccine (on ___ / ___ / ___)
- Got the 3rd dose of vaccine (on ___ / ___ / ___)
- Is recovered from Sars CoV2 infection (on ___ / ___ / ___)
- Is recovered from Sars CoV2 infection and has got a dose of vaccine (on ___ / ___ / ___)

HERE ATTACHED A COPY OF PARENTS/TUTORS/TRUSTEES IDENTITY CARDS

Place and date

In witness
(sign legibly, in full)