

Progetto



Tuscany Empowerment Actions for Migrants System



MINISTRY OF EDUCATION, UNIVERSITY AND RESEARCH
REGIONAL EDUCATION OFFICE FOR REGIONE TOSCANA

ISTITUTO COMPRENSIVO "MARCO POLO"
**SELF CERTIFICATION FOR SCHOOL ABSENCE FOR
NON-COVID ILLNESS**

The undersigned (*name, surname*) _____
born in (*city, country*) _____
on ____/____/____, resident in
(*address*) _____
in her/his capacity as parent /guardian of the student (*name, surname*)
_____ from

class _____ born in (*city, country*) _____
on _____ aware of criminal and civil consequences for false
statements and of the importance of respecting measures to prevent the spread of
COVID-19 and to protect our community's health

DECLARES

that her/his daughter/son can be readmitted to school after being absent (thick
answer)

- FOR OTHER REASONS
- FOR COVID-19 RELATED SYMPTOMS

In case daughter/son has shown symptoms:

- a clinical examination has been carried out by Primary Care Pediatrician /



Family Doctor (*surname*) _____

- medical advice has been followed
- the student has not been showing symptoms for at least 48 hours
- before going to school, her/his body temperature was _____ grades.

Place and date: Prato, ___/___/_____

Parent / Guardian

via Santa Caterina N.14
59100 - Prato
phone nr. 0574/21703
FAX 0574/21231

www.marcopolo.prato.edu.it
poic809007@istruzione.it
PEC: poic809007@pec.istruzione.it

