

ADDITIONAL DOSE OF ANTI-COVID 19 VACCINATION FOR IMMUNOCOMPROMISED PATIENTS

DECLARATION IN LIEU OF CERTIFICATION AND AFFIDAVIT

**articles 46 and 47 of the Decree of the President of the Italian Republic no. 445 of 28
December 2000**

To the Health Authority _____ I,
the undersigned, (name and surname) _____, born on (date) _____
in (place) _____, permanent address in (city) _____ (address) _____
_____, identity document no. _____

aware of the penal sanctions in the event of untruthful statements and document falsification, pursuant to art. 76 of the Decree of the President of the Italian Republic no. 445/2000, and the forfeiture of any benefit achieved on the basis of untruthful declarations, pursuant to art. 75 of the Decree of the President of the Italian Republic no. 445/2000;

DECLARE that

- I am awaiting transplant.
I have been or I am currently undergoing in the following situation:
- solid organ transplant in immunosuppressive therapy;
 - haematopoietic stem cell transplantation (within 2 years of transplantation or in immunosuppressive therapy for Graft versus Host Disease);
 - therapy for oncological or onco-haematological pathology with immunosuppressive medicaments, myelosuppressive medicaments or less than 6 months from the suspension of treatment (chemotherapy, immunotherapy, "total body" radiotherapy, therapies based on T cells expressing an Antigenic Chymeric Receptor - CAR-T cells or other treatments);
 - previous splenectomy;
 - dialysis and severe chronic renal failure;
 - suffering from immunodeficiencies, primary or acquired or secondary to pharmacotherapy (e.g. high-dose corticosteroid therapy over time - i.e. intake of at least 20 mg/day of prednisone orally or intravenously or equivalent dose of other corticosteroids -, high-dose immunosuppressive medicaments, biological medicaments with significant impact on the function of the immune system, etc.).

Pursuant to art. 13 of the Legislative Decree no. 196 of 30 June 2003, we inform you that the personal data contained in this declaration will be processed even with IT tools and exclusively as part of the procedure for which this declaration is made.

Place and date

Signature
