

**DECLARATION SUBSTITUTE FOR ACT OF NOTORIETY**  
**(Article 47, DPR 445/2000)**

The undersigned \_\_\_\_\_

(Name and surname)

Place of birth \_\_\_\_\_ (\_\_\_\_\_) date of birth \_\_\_\_\_

(place) (prov.)

Living in \_\_\_\_\_ (\_\_\_\_\_) address \_\_\_\_\_ N° \_\_\_\_\_

(place) (prov.)

Aware of the penal sanctions provided for in art. 76 of d.P.R. 28 December 2000, no. 445, in the case of false and misleading statements, as a parent who exercises parental responsibility, guardianship or custody, pursuant to and for the purposes of Decree Law 7 June 2017, no. 73, converted with amendments by Law 31 July 2017, no. 119, under my own responsibility,

**Declare**

That \_\_\_\_\_

(name and surname of the pupil)

Place of birth \_\_\_\_\_ (\_\_\_\_\_) date of birth \_\_\_\_\_

(place) (prov.)

- Has carried out the following compulsory vaccinations<sup>1</sup>:
  - Polio
  - Diphtheria
  - tetanus toxoid (TT)
  - Hepatitis B
  - Pertussis
  - Haemophilus influenzae type B
  - Measles
  - Rubella (German measles)
  - Mumps
  - Chickenpox (*only for those born from 2017*).
  
- Is exempted from one or more compulsory vaccinations for immunisation (as indicated by attached attestation);
- Has omitted or delayed one or more vaccinations (as indicated by attached attestation);
- Has requested the local healthcare provider to carry out compulsory vaccinations that were not performed. (place a cross on the preferred choices)

The undersigned - if he/she has not already done so - undertakes the task to deliver by 10 March 2018 a copy of the vaccination booklet authenticated by the local healthcare institute or the vaccination certificate or vaccination attestation issued from the local healthcare provider.

\_\_\_\_\_  
(place, date)

**The Declarant**

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<sup>1</sup> Do not fill in if you have submitted a copy of the vaccination booklet authenticated by the local healthcare institute or the vaccination certificate or vaccination attestation issued by your local healthcare provider.