
[university] Procedure for carrying out examinations in person and remotely - Latest updates

1 message

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Dear Students and Colleagues,

Since the beginning of the pandemic emergency, the priority of our University has been to **ensure by every means the greatest possible safety** for the individuals and our community.

In this extremely dynamic context, every decision taken has always been **inspired by the framework** defined by the **ministerial directives**, which each **University** has the **duty to follow**.

Even recently, therefore, it was **necessary to wait for the new regulations issued on 5 January** which have in fact **confirmed**, as regards the academic field, what already outlined by the Decree-Law no. 111 of 6 August 2021, converted into Law no. 133 of 24 September 2021, which provides for the **activities to be mainly carried out in face-to-face mode**.

Moreover, these provisions, that had already been widely discussed and decided by the **Bodies**, have never been further questioned by them.

In defining the **University guidelines**, the **cases based on which students may request and obtain to take the examination or final degree examination in remote mode have been expressly provided for**, and recently **expanded** following **fruitful meetings** with the **Conference of Directors** and **student representatives**.

Therefore, **listed** below are the categories of Students who **may request to take the examination in remote mode**:

- people who have tested positive for SARS-Cov-2 virus, even with nasal rapid swab for domestic use;
- quarantined people;
- people with weaknesses relating to COVID-19 (see Annex);
- people cohabiting with persons with COVID-19 fragility (see Annex);
- people who are in areas from which, in relation to any restrictions due to classification in an area of high epidemiological risk, movements are not authorised;
- people who, based on the area of origin, need long-distance means of transport, with the consequent risk of exposure to contagion;
- people who are unable to be present on the day of the examination for reasons related to the administration of the vaccine scheduled for the day of the appeal, the day immediately preceding or the day immediately following the examination;
- Italian or foreign residents abroad;
- people cohabiting with SARS-Cov-2 positive subjects or waiting for the swab results;
- people who, not on their own responsibility, have not obtained the necessary certification in good time.

Students will have to **communicate directly to the teacher** in charge of the exam holder their intention to carry out the examination in remote mode **no later than 24 hours before** the beginning of the appeal.

Students falling into these categories and requesting to take the examination in remote mode, must **complete and attach a specific self-declaration** (Annex 1) through which, in the framework of a **loyalty pact** between student and teacher, the declarant assumes all **civil and criminal liability** for the declaration.

It is understood that **in the event of changes in the regulatory and pandemic context**, the use of remote examinations may be **further extended**.

It is also important to note that the **mode in which examinations and graduation examinations are carried out** is directly linked to the classification in the **risk scenarios** of our region. Also, such classification broken down by colours remains **the only factor having force of law** that, automatically and without additional processes, may **cause the teaching activities not to be mainly carried out in face-to-face mode**.

I take the opportunity to remember that you need the **"basic" Green pass** to access university facilities. Kind

regards,

Carlo Adolfo Porro

The Rector Magnificent

Category of "Extremely vulnerable" people: the pathologies envisaged

It was the National Scientific Committee that, through a comparison with the scientific societies of reference, who identified the subjects belonging to this category. It includes people with particular weaknesses due to **specific diseases assessed as particularly critical**, as they are related to the death rate associated with Covid-19 for pre-existing organ damage or impaired immune response to SARS-Cov-2 infection.

More specifically:

- respiratory diseases (idiopathic pulmonary fibrosis; other diseases requiring oxygen therapy);
- cardiovascular disease (advanced-class heart failure - IV NYHA; post-cardiogenic shock patients);
- neurological conditions and physical, sensory, intellectual and mental disabilities (amyotrophic lateral sclerosis; multiple sclerosis; infantile cerebral palsy; patients treated with biological drugs or immunodepressive therapies; myasthenia gravis; dysimmune neurological diseases);
- diabetes/other severe endocrinopathies such as Addison's disease (people over 18 with juvenile diabetes, type 2 diabetes and who need at least 2 oral hypoglycaemic drugs or who have developed a peripheral vasculopathy with a Fontaine index greater than or equal to 3);
- cystic fibrosis (by definition, highly fragile patients for the respiratory implications typical of the underlying disease);
- kidney failure/kidney disease (dialysis patients);
- autoimmune diseases - primitive immunodeficiency (severe pulmonary impairment or marked immunodeficiency; immunodepression induced by therapeutic treatment);
- liver disease (patients diagnosed with cirrhosis of the liver);
- cerebrovascular diseases (ischemic-hemorrhagic event in the brain that compromised the neural and cognitive autonomy of the affected patient. People who have suffered a "stroke" in 2020 and for previous years with ranking 3 or higher);
- oncological pathology and hemoglobinopathies (onco-hematologic patients treated with immunosuppressive, myelosuppressive drugs or less than 6 months after the cessation of treatment. Parents of under 16-year-old patients. Patients suffering from thalassemia);
- Down syndrome (all patients with Down syndrome due to their partial immune competence and the very frequent presence of congenital heart disease are considered fragile);
- solid organ transplantation: persons on the waiting list and undergoing hematopoietic transplantation after 3 months from transplantation and within 1 year from the procedure (solid or hematopoietic organ transplantation outside the specified time frame, which have developed a transplant disease against the chronic host in immunosuppressive therapy);
- severe obesity.