

TO THE HOSPITAL
DIRECTOR GENERAL
Via Giustiniani n.1
35128 PADOVA

I,.....born inon
theresident in.....
Postal Code.....,in Via.....n.....
Mobile phone number..... domiciled in.....Postal Code.....in
Via.....n.....e-mail.....

ASK

your committee to be admitted/attend (specify the company facility that you wish to attend)
....., as (specify
profession).....for the period ranging from.....to
.....

To this end, pursuant to art. 46 and 47 of the D.P.R. 28.12.2000, n. 445 and aware of the
relevant penal sanctions, in case of untruthful declarations and falsity, referred to in art. 76
of the D.P.R., I

DECLARE

- to be in possession of the following qualification: achieved on
the at with a final
markof
- to have obtained the qualification to exercise the profession at the
..... during the year
- to be enrolled in the Professional Association
in the Province of as from Registration n.....;
- to be in possession of a Specialization Diploma in
achieved on at

with the following mark
• to have read the code of conduct published on the hospital website

The undersigned also declares:

- to be a public or private employee not to be a public or private employee;
- to carry out or have carried out, for the period fromto..... a freelance
professional activity (specify what type and where);
- that he/she hasnot previously been a frequenter of the Padua Hospital;
- attended, during the period from.....to.....,the
..... and moreover:

- is aware that attendance admission takes place solely for the purpose of acquiring
professional knowledge and should not lead to a slowing down and/or hindrance to the
normal activity of the service;
- has read the regulations with regard to voluntary attendance at the Hospital, which is
understood to be accepted in full upon signing this request;
- to exempt the Hospital of Padua from any liability, arising from attendance, of acts
committed with intent or gross negligence;
- is aware that, if the activity carried out involves the classification as work exposed to the
risk of ionizing radiation, it will be up to the undersigned to carry out, for the purposes of
his/her own protection, the obligations deriving from art. 64 of the Legislative Decree dated
17.3.1995, n. 230.

The undersigned undertakes to submit the documentation below prior to starting attendance:

1. a copy of the accident risk insurance policy, inclusive of cases of death and permanent disability, as well as any illness attributable in any way to the attendance;
2. a health certificate in which immune status for exanthematic diseases such as measles, chicken pox, rubella, mumps, evaluated through specific serological investigations, must be attested. In case of non immunity the subject will have to undergo vaccination. Furthermore, the certificate must specify that screening investigations were carried out during the last three months for latent or active tuberculosis infection, with negative results for the active form (with specific tests such as Mantoux or IGRA + Chest X-ray test in case of positivity, and further investigation if necessary);
3. a copy of a valid identification document;
4. a copy of a residence permit if a non-EU citizen;
5. 1 passport-size photo.

(place and date) Signature

**Information pursuant to art. 13 of Legislative Decree no. 196/2003: the above personal data will be used and processed exclusively in accordance with the current provisions on privacy and in full compliance with the provisions of confidentiality and security.
SECTION RESERVED FOR THE DIRECTOR OF THE HOSTING OPERATING UNIT**

I, the undersigned Director of the....., am in favour of the attendance.

Date/...../.....

(Stamp and signature of the Director of the Hosting Facility)

.....

SECTION RESERVED FOR THE HOSPITAL MEDICAL DIRECTORATE / HEALTH PROFESSIONS DIRECTORATE / ADMINISTRATIVE DIRECTORATE (based on the role of the frequenter) FOR ACKNOWLEDGEMENT

The undersigned Director of am in favour of the attendance.

Date/...../.....

(Stamp and signature)