**S-VP FORM**

**NOTIFICATION OF INABILITY TO UNDERGO THE PERIODIC VISIT PROVIDED FOR IN THE HEALTH SURVEILLANCE PLAN**

to be sent to the following mailbox prevenzione.sicurezza@uninsubria.it

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Structure name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby, I, the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DECLARE

That he is unable to undergo a periodic medical examination scheduled for the

day\_\_\_\_\_\_\_\_ at the structure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for personal reasons.

To comply with legal obligations (Art. 20 paragraph i Legislative Decree 106/2009) the undersigned will carry out the scheduled periodic medical examination at the next convocation.

### Director's signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Head of Teaching and Research Activities in the Laboratory:\_\_\_\_\_\_\_\_\_\_\_\_

Worker's signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_