



**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](mailto: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 con-  
vocation.

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

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

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