**FORM M-E-R**

**MEDICAL EXAMINATION AT THE WORKER'S REQUEST**

**(ART. 41 D.LGS 81/2008 E S.M.I.)**

to be sent to the following mailbox [prevenzione.sicurezza@uninsubria.it](mailto:prevenzione.sicurezza@uninsubria.it)

To the Director General

e.p.c.

To the Competent Doctor

To the Structure Director

To the Security Office

The undersigned …………………. in service at: ………………………

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

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

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

He requests to undergo a medical examination pursuant to Article 41 of Decree 81 /2008 paragraph 2 letter C for the following reasons:

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Worker's signature:

Note: