



**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:

\_\_\_\_\_

\_\_\_\_\_

Worker's signature:

Note: