**PERSONAL DATA CARD FOR PREPARATION OF THE SANITARY CHART [[1]](#endnote-1)**

(To be filled out by the applicant)[[2]](#endnote-2)

**PERSONAL DATA**

Name: [SURNAME] [First Name] Sex:  M  F

Place of Birth: [Municipality (Prov)] Date of Birth: (dd/mm/yyyy)

Address: [St, N#] Cell phone:

City: [Municipality (Prov)] Italian Social Sec. N°:

E-mail:

**SEDE DI LAVORO**

University affiliation: [Dept., Facolty, other]

Facility where activity is carried out: [Instit.] – [laboratory, office, workshop]

Telephone:       Supervisor/tutor**[[3]](#endnote-3)**:

**CONTRACT**

|  |  |  |
| --- | --- | --- |
| **Typology** | **Area/motivation** | **Duration** |
| permanent contract part-time (   hr.)  permanent contract full-time | technician  admin. staff  library  university researcher  associate professor  full professor  general services |  |
| fixed-term contract part-time (   hr.)  fixed-term contract full-time | until [dd/md/yyyy] |
|  | |
| collaboration | contract teaching  co.co.co. or co.co.pro.  doctorate  grant  university grant  specialization course  degree internship  training internship  guest or other |
| authorization |

**PERSONAL ITALIAN DOCTOR (IF AVAILABLE)[[4]](#endnote-4)**

Personal doctor: Dr. [Surname Name] Practice/clinic: [Municipality (Prov)]

Address: [St, N°] Telephone of practice:

Other medical reference[[5]](#endnote-5):

Risks for which one is already monitored by other institutions/companies[[6]](#endnote-6):

The worker

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

(authorization for data treatment, see informative note)[[7]](#endnote-7)

Trieste,

**DECLARATION OF EXPECTED ACTIVITIES  
FOR SANITARY SURVEILLANCE EVALUATION [[8]](#endnote-8)**

(for laboratories, fill out the form in agreement with the person in charge[[9]](#endnote-9))

This is to declare that [Surname Name] will carry in [Laboratoy, Departiment, Faculty or other] the following activities:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | a few days per year[[10]](#endnote-10) | several months per year | few days a week | every day | few hours per day | more than half a day |
| **no risks[[11]](#endnote-11)** |
|  |
| only teaching/tutoring |
| office work or similar |
| movement of weighty material (heavy work) |  |  |  |  |  |  |
| practical activity in a chemical laboratory |  |  |  |  |  |  |
| practical activity in a biological laboratory |  |  |  |  |  |  |
| practical activity in animal house (with live animals) |  |  |  |  |  |  |
| practical activity in a other type of laboratory, specify: |  |  |  |  |  |  |

Activities subject to special rules:

use of video terminal for more than 20 effective hours/week[[12]](#endnote-12)

use of toxic gases, where a licencing certificate is required

production, packaging, storage or transport of explosives (shotfirer)

operator of, or responsible for inflammable substances, hydrocarbon sector

operators of, or responsible for nuclear magnetic resonance equipment

operators of, or responsible for high power laser equipment

driving of road vehicles during service hours

driving of goods handling machinery (trolleys, bridge cranes, forklifts, etc.)

tasks involving activities at height over two meters

tasks that take place in quarries and mines

manipulation of biological agents in group 3 or 4

practical activity with carcinogens and mutagen

underwater activities

Specify any other activities or assignments that may lead to risks or hazards (e.g. fire-fighting or first aid):

The worker Person in charge[[13]](#endnote-13) Head of facility

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

(stamp ands signature for approval)

Trieste,

**Notes For compiling the forms**

1. Filling out of all fields is mandatory, unless otherwise indicated in the notes. In the pre-compiled fields replace the explanatory entry with the personal data. [↑](#endnote-ref-1)
2. Always use the latest version of this form available at *http://www.units.it/prevenzione* fill out the forms directly in Word, then print for signature, scanning and/or sending [↑](#endnote-ref-2)
3. Only indicate if pertinent [↑](#endnote-ref-3)
4. Unavailable data can be communicated later, on the occasion of the first health surveillance visit. [↑](#endnote-ref-4)
5. Any other referring physician with his contact information. [↑](#endnote-ref-5)
6. Send copies of health surveillance certificates for risks common to university activities. [↑](#endnote-ref-6)
7. Legislative Decree 196 of 30 June 2003 provides for the protection of persons and other subjects regarding the processing of personal data. According to the law, this treatment will be based on principles of correctness, lawfulness, transparency and protection of your privacy and your rights. According to Art.13 of this law, we therefore inform you that:

   the data you provide will be processed only for institutional purposes related to your request for an educational support service and for statistical purposes

   the treatment of this data will be carried out using both manual and computerized methods

   furnishing this data is mandatory for the purpose of carrying out support activities to individual study and any refusal to provide such data could result in the non-execution of the service requested by you

   the data will not be disclosed to other subjects, nor will it be disseminated

   at any time, you can exercise your rights towards the data controller, pursuant to art. 7 of Legislative Decree. 196/2003

   the data controller is the University of Trieste in the person of its legal representative pro-tempore, the Rector, with legal domicile for his office at the University headquarters. [↑](#endnote-ref-7)
8. In the case of activities carried out in several laboratories, a form must be filled out for each one. [↑](#endnote-ref-8)
9. The person in charge is the person responsible for the laboratory, or of the activity with risks carried out in it. Activities that are limited exclusively to teaching, tutoring, clerical work or similar, the head of the facility takes over. [↑](#endnote-ref-9)
10. Mark one entry only for each of the three columns. [↑](#endnote-ref-10)
11. If you select "without risk" go directly to the signature without ticking the other boxes below [↑](#endnote-ref-11)
12. "20 effective hours" means time of direct viewing of the screen, excluding breaks or paperwork. [↑](#endnote-ref-12)
13. If pertinent. [↑](#endnote-ref-13)