**MEDICAL EXAMINATION AT THE MANDATORY’S EXPENSE**

 **Kraków,** ...............................

(Mandator) (place, date)

Mandatory Mr./Ms.\*) ........................................................................................................................

 (name and surname)

PESEL No.\*\*)...........................................

residing at\*) ...................................................................................................................................

 (town, street, house No., apartment No.)

performing under a civil-law contract activities:

regarding.............................................................................................................................................

Description of commissioned activities conditions regarding information concerning existence of dangerous factors harmful for health or burdensome factors as well as others resulting from the manner of activities performance, together with indication of risk volume as well as most recent research and measurements results as regards factors harmful for health performed at this position/positions – please enter the name of factor/factors together with the volume of risk.

I. Physical factors:

II. Dust:

III. Chemical factors:

IV. Biological factors:

V. Other factors, including dangerous ones:

|  |
| --- |
|  |

The total number of dangerous factors harmful for health or burdensome factors as well as others resulting from the manner of commissioned activities performance:

 ………………………………….

 (Mandator’s signature)

Explanation:

\*) Delete as applicable.

\*\*) In the case of person without the PESEL No. – series, number and the name of document confirming identity, and in the case of a newly hired person - date of birth.

\*\*\*) Describe: type, manner and time of their performance.

**Confirmation of the scope of commissioned activities in order to undergo medical examination by the Mandatory is given in two copies, one of which receives the Mandatory and the other the Mandator.**