**Al Responsabile di Struttura**

**DATI DELL’OPERATORE ESPOSTO**

Cognome e nome \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sesso M 🞎 F 🞎

Data di nascita \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Luogo di nascita \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifica: Tirocinante Post Laurea \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Struttura di afferenza: Università di Bologna sede di Ravenna

Responsabile Dirigente di Campus Dott. Leonardo Piano

**INFORMAZIONI SULL’INFORTUNIO**

Data dell’infortunio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ora \_\_\_\_\_\_\_\_\_\_ Luogo (specificare indirizzo esatto)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Breve descrizione dell’incidente (in caso di infortunio in itinere, indicare se sono coinvolti altri veicoli)

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Accesso al PS No 🞎 Sì 🞎

Si allega primo certificato medico di infortunio INAIL No 🞎 Sì 🞎

Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firma dell’infortunato

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