



SECTION A

**REQUEST FOR FREQUENCY AUTHORIZATION
IN THE PREMISES OF CRO**

At the care of the applicant

To the Health Management Office (dircan@cro.it)

The undersigned

Surname, Name: _____ Date of birth _____

Educational qualifications: _____

Fiscal Code: _____

City of residence: _____ Province: _____ CAP: _____

Address: _____

Domicile (if different from residence): _____

Telephone number or mobile phone: _____

E-mail: _____

ASKS

To be admitted/to (department-division/service)

as: _____ (trainee, PhD student, speciality student (post graduation), volunteer, student, senior visiting scientist etc.) to perform the following activity (tick only one of the three options):

☐ **Observation activities and direct actions in NON-health areas as technical offices, administrative offices, libraries, etc.**

N.B. The request to carry out these activities must be sent at least 2 months before the potential start date of frequency

To this end declares, under its own responsibility, to be in possession of (tick the box):

☐ Vaccine documentation (tetanus) *

☐ Certification proving the General Formation of Workers (4 hours) According to the State-Region Agreement of 21 December 2011 (see Italian law) **

* *required ONLY for those who plan to operate as a maintenance technician, warehouseman, workshop worker.*

** *in the absence of the requested certificate, CRO will inform the applicant of the specific risks to which he may be exposed at the premises of the Company.*



SECTION A

☐ **Observation activities in healthcare areas**

N.B. The request to carry out these activities must be sent at least 1 months before the potential start date of frequency

To this end declares under its own responsibility, to be in possession of (tick the box):

- ☐ Vaccine documentation *
- ☐ Certification proving the General Formation of Workers (4 hours) According to the State-Region Agreement of 21 December 2011 (see Italian law) **

* *always mandatory for obtaining the authorization to attend the Company's premises (the possession of the required documentation may be subject to subsequent verification)*

** *in the absence of the requested certificate, CRO will inform the applicant of the specific risks to which he may be exposed at the premises of the Company.*

☐ **Observation activities and direct activities in healthcare areas (eg patient and user assistance, laboratory activities, diagnostic activities, etc.)**

N.B. The request to carry out these activities must be sent at least 2 months before the potential start date of frequency

To this end declares under its own responsibility, to be in possession of (tick the box):

- ☐ Vaccine documentation *
- ☐ Mantoux o quantiferon Test (not earlier than 24 months) *
- ☐ Certification proving the General Formation of Workers (4 hours) According to the State-Region Agreement of 21 December 2011 (see Italian law) **

* *always mandatory for obtaining the authorization to attend the Company's premises (the possession of the required documentation may be subject to subsequent verification)*

** *in the absence of the requested certificate, CRO will inform the applicant of the specific risks to which he may be exposed at the premises of the Company.*

(Place) _____, (date) _____

In faith

If the applicant is a minor, under Italian law, the signature of legal guardian is also required.

Surname, Name of the Legal Guardian

Signature