



SCHOOL OF MEDICINE AND SURGERY
MASTER'S DEGREE IN MEDICINE AND SURGERY

A.Y. 2024/2025

3rd YEAR, 2ND Semester

NAME	SURNAME	STUDENT'S NUMBER
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[illegible]

[illegible]

SAFETY INFORMATION DECLARATION
THIS SECTION MUST BE COMPLETED IN FULL AND SIGNED

The Tutor declares that the Student has been informed on the fundamental aspects of safety management within this Placement, in accordance with Legislative Decree 9 April 2008, n. 81.

DATE	UNIT	TUTOR (NAME AND SURNAME)	TUTOR'S SIGNATURE

STUDENT'S SIGNATURE: _____