

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

**A.Y. 2024/2025**

**4th YEAR, 2<sup>nd</sup> 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: \_\_\_\_\_