

**MEDICAL RECORD AND RISK annex 3A Dlgs 81/08**

Surname:

Name:

Birthplace:  Date of birth:

Nationality:  Age:

Tax code:  Gender:  M  F

Email:  Phone:

Home address:

Company name:

Company activities:

Workplace address:

Work task:

Hiring date:

Reason for medical examination:  First examination  Periodic examination  Other

**Consent to the processing of personal data**

The undersigned, having acquired the information on the rights and limits of the data processing, provided by the data controller, pursuant to art. 13 of the GDPR Regulation (EU) 2016/679, concerning the protection of persons and other subjects regarding the processing of their personal data, expresses, by signing this, its consent to the processing of the data provided. Authorizes Medicina del Lavoro S.r.l. of Milan to the direct processing of their personal data for the purposes indicated in the communication received, through their agents or through an independent and independent owner or internal manager, employed by the Company or external to it.

These data will be managed in compliance with the provisions of Regulation (EU) 2016/679.

Medicina del Lavoro S.r.l. will use the data provided solely for the performance of activities relating to the execution of the existing relationship and governed by a specific assignment.

At any time, in accordance with art. 16-21 of the GDPR, I will be able to exercise my rights as an interested party.

Date:

Signature