

Work Health and Safety Policy

Appendix 5.⁶⁷

SEMMELWEIS UNIVERSITY

Statement

Undersigned:

Name:

Place and date of birth:

NI. No.:

makes a statement as follows:

I can confirm that, pursuant to Section 14(3) of NM decree 33/1998. (VI.24.) on medical examinations to establish vocational and personal hygiene fitness for a job and on rendering opinions, should there be any change in my health status, I shall have it examined, and, in case of having HIV, HCV or HBV viruses, I shall immediately inform the competent manager of my organisational unit and the Occupational Health Service, in consideration of the fact that I conduct activities as follows*:

- endoscopic surgeries, when the hand or fingers, needle or other sharp objects may be in body cavities in the same time.
- abdominal, cardiothoracic, orthopaedic surgeries,
- supervising childbirth, caesarean operations,
- Traumatological surgeries with haemorrhage, addressing larger scale, burn-related injuries
- treating, cutting, removing oral, perioral tissues, teeth, where haemorrhage is possible.

I understand that, in case I may have any diseases or viruses stipulated above, I will not be allowed to conduct the listed activities.

Dated:

declarant

* Please underscore as applicable (pursuant to appendix 2. of NM decree 18/1998 (VI. 3.))

Amended by Chancellor's decision no. K./33/2017. (IX. 20.) Date of enactment: 3 October 2017