



**Universidad
de Navarra**

Servicio de Prevención de Riesgos Laborales
MANCOMUNIDAD DE EMPRESAS "UNIVERSIDAD DE NAVARRA"

**RIESGOS LABORALES VISITANTES EXTRANJEROS
PROFESSIONAL RISK FOR FOREIGNER VISITORS**

Mr/Mrs, with DNI/NIE/Passport N° **IS COMMITTED** to:

- **To fulfill** strictly the effective legislation in matter of security and prevention of professional risks and to adopt all the necessary measures to carry out this fulfillment.

- **Assures that:**

- he/she has made the medical examinations prescribed by the law (or it will be made in the S. of Prevention of Risks of the University of Navarra).

- he/she is able to the assigned work.

- he/she has received information about the risks and preventive measures of his job.

- he/she has the necessary individual protective equipment, if it were the case.

- In addition, he/she has contracted a insurance policy for the professional accidents coverage (indicate other coverage; p.e., medical assistance) and
....., with the insurance company

- **Indicate** which medical assistance centre corresponds to him/her in case of professional accident

DECLARES:

- To have received from the companies commonwealth "University of Navarra", the documentation with the security norms of the Work Centre where he/she is going to develop the contracted work.

The visitor

Signature and seal of the Company

Mr/Mrs

DNIE/NIE/Passport:

Date:

Signature:

THE ASKED DOCUMENTATION SHOULD BE PROVIDED BEFORE THE BEGINNING OF THE SERVICE AND IT WILL BE ANNUALLY RENEWED.