

VISITING RESEARCHER SELF-DECLARATION

The completion of this document is an **indispensable** requirement, in accordance with Law 31/1995, on Occupational Risk Prevention. It must be provided prior to the acceptance of the Vice-Rectorate for Teaching Staff and Research of Universidad-CEU for its assessment.

| Name and surname | | | | |
|--|---------------------------------|-----|----|------------|
| Contact telephone number | | | | |
| E-mail address | | | | |
| CEU's Welcome Department | | | | |
| Name of institution of origin | | | | |
| Home institution contact | | | | |
| Period of stay | | | | |
| Terror or stay | | | | |
| | | Yes | No | Not |
| | | | | Applicable |
| 1. The home institution has provided me with the Risk Assessmen competences and activity. | nt in accordance with my | | | |
| 2. I have received information and training on the specific risks | of my position and the | | | |
| applicable protective and preventive measures. | | | | |
| 3. I have been informed of the risks inherent to the areas where I will develop my activity. | | | | |
| 4. I have received specific training in accordance with the legislativ of Law 31/1995). | ve premises (article 32 bis | | | |
| 5. I have received the appropriate PPE according to the relationship described by the entity | | | | |
| to which I belong. | , , | | | |
| 6. I have received the information on the rules of action in case of emergency. | | | | |
| 7. I have been informed of the procedure to follow in case of accident and the telephone numbers and addresses where I can be contacted. | | | | |
| NOTE: In the event of an accident/incident, the FUSP's Health, Safety and Labor W | Welfare Promotion Area should | | | |
| be informed (servicioprevencion@ceu.es). | venure i romotion / i ea snoula | | | |
| 8. I have an individual certificate of fitness for the job (health surveillance). | | | | |
| 9. I have an updated vaccination record for personnel exposed to biological risks, as established in RD 664/1997. | | | | |
| 10. I will be exposed to biohazardous research at CEU. | | | | |
| 11. I am a particularly sensitive person, have a declared disability, am pregnant or breastfeeding. | | | | |
| 12. My employment contract with my home institution remains active during my stay at the CEU center. | | | | |
| | | | | |
| | | | _ | |
| In, a | at of | | of | 20 |

NOTE: The undersigned declares the truthfulness of the contents of this document and undertakes to provide the documentation required by the FUSP.