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(Date)

Request Form

- Participation of a physician in OHS committee
- Conducting reviews of workstations
- Reviews of the first aid kit elements
- Review of occupational risk assessments

Company Name:

Company's address: (location of the OHS committee)

First and last name and phone number of the Company's contact person

First and last name of the dedicated Occupational Medicine Physician (if already appointed):

Date and time of the planned meeting (possibly several dates to choose from):

Form of the meeting: online on-site

planned duration (only the time during which the physician's presence is required is taken into account):

meeting agenda:

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(employer's stamp)