
(Stamp of PAAS)

(Date and Location)

REFERRAL FOR MEDICAL EXAMINATION

employee / person employed under an employment contract / civil-law contract / student / participant of postgraduate studies, specialist training and other forms of education*

of the Powiślańska Academy of Applied Sciences for consultation after occupational exposure to blood and other potentially infectious material, and for monitoring of the exposed person

Refer Ms./Mr. _____
(Name and Surname)

to _____ (name of the medical facility) for the purpose of receiving health services in the scope of specialized post-exposure prophylaxis following contact with potentially infectious biological material and the risk of HIV, HBV, or HCV infection during the performance of professional duties / commissioned work / student internship or educational activities** at the position: _____

on the day: _____ at: _____

(Signature and Stamp of the Referring Person)

PAAS, as the Ordering Party, undertakes to cover the costs of the provided services in accordance with the submitted invoices.*

Explanations:

* delete as applicable

** post-exposure prophylaxis includes medical consultation of the exposed person and laboratory tests to the necessary extent for the exposed person and the source of exposure (if known).