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|  | *Oznaczenie pracodawcy* | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | | | *Miejscowość, data* | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| Skierowanie na badania lekarskie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | wstępne | | | | |  | | | okresowe | | | | | | |  | | | kontrolne | | | | |  | | | ` | | | | | | | | | | | | | | | |
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| Działając na podstawie art. 229 § 4a ustawy z dnia 26 czerwca 1974 r. – Kodeks pracy (Dz. U. z 2022 r. poz. 1510 z późn. zm.), kieruję na badania lekarskie: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Pana/Panią\*)** | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nr PESEL\*\*)** | | | |  |  |  |  |  |  |  |  |  | | |  |  |  | | | | | | Data urodzenia: | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |
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| **zamieszkałego/zamieszkałą\*)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ulica, numer domu i lokalu | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejscowość | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Kod pocztowy | | | | |  | | | | | | | | | | | | |
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| Telefon (pole nieobowiązkowe) | | | | | |  | | | | | | | | | Adres email (pole nieobowiązkowe) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **zatrudnionego/zatrudnioną\*)**lub **podejmującego/podejmującą\*)**pracę na stanowisku lub stanowiskach pracy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **określenie stanowiska/stanowisk \*) pracy \*\*\*)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Opis warunków pracy uwzględniający informacje o występowaniu na stanowisku lub stanowiskach pracy czynników niebezpiecznych, szkodliwych dla zdrowia lub czynników uciążliwych i innych wynikających ze sposobu wykonywania pracy, z podaniem wielkości narażenia oraz aktualnych wyników badań i pomiarów czynników szkodliwych dla zdrowia, wykonanych na tym stanowisku/stanowiskach – należy wpisać nazwę czynnika/czynników i wielkość/wielkości narażenia\*\*\*\*): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I Czynniki fizyczne:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Hałas | | | | | | | | | |  | ilość godzin pracy w hałasie | | | | | | | | | | | | | | | |  | | | | | | | | natężenie | | | | | | | | . | | | | | | | | | | | | |
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| Wibracja | | | | | | | | | |  | miejscowa | | | | | | | | |  | | ogólna | | | | | | | | | | | pomiary | | | | | | | | | | . | | | | | | | | | | | | |
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| Promieniowanie | | | | | | | | | |  | jonizujące | | | | | |  | | | nadfioletowe | | | | | | |  | | | laser | | | | |  | | | podczerwone | | | | | | | |  | | elektromagnetyczne | | | | | | | |
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| Mikroklimat | | | | | | | | | |  | gorący | | | | | |  | | | zimny | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **II Pyły przemysłowe:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pyły | | | | | | | | | |  | wymienić jakie | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **III Czynniki chemiczne lub toksyczne:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Czynniki chemiczne | | | | | | | | | |  | wymienić jakie | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | czas pracy | | | | | | | | |  | | | | | | | stężenia | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **IV Czynniki biologiczne:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Czynniki biologiczne | | | | | | | | | |  | HBV | | | | |  | HCV | | | | | | |  | | HIV | | | | | | |  | Inne | | | | | |  | | | | | | | | | | | | | | | |
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| **V Inne czynniki:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Komputer | | | | | | | | | |  | ilość godzin | | | | | | | | |  | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| Niekorzystne czynniki psychospołeczne | | | | | | | | | |  | stanowisko decyzyjne | | | | | | | | | | | | |  | | monotonia pracy | | | | | | | | | | | | | |  | narażenie życia | | | | | | | | |  | | | | | |
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| Kierowanie | | | | | | | | | |  | samochodem (kategoria) | | | | | | | | | | | | |  | | | | | | | |  |  | wózkiem widłowym | | | | | | | | |  | | maszyną w ruchu | | | | | | | | | | |
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| Praca zmianowa | | | | | | | | | |  |  | | | | | |  | | nocna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Praca na wysokości | | | | | | | | | |  | do 3 metrów | | | | | |  | | | powyżej 3 metrów | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| Dźwiganie ciężarów | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Inny czynnik | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Łączna liczba czynników niebezpiecznych, szkodliwych dla zdrowia lub czynników uciążliwych i innych wynikających ze sposobu wykonywania pracy wskazanych w skierowaniu: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Podpis pracodawcy* | | | | | | | | | | | |
| **Objaśnienia:**  \*) Niepotrzebne skreślić.  \*\*) W przypadku osoby, której nie nadano numeru PESEL – seria, numer i nazwa dokumentu stwierdzającego tożsamość, a w przypadku osoby przyjmowanej do pracy – data urodzenia.  \*\*\*) Opisać: rodzaj pracy, podstawowe czynności, sposób i czas ich wykonywania.  \*\*\*\*) Opis warunków pracy uwzględniający w szczególności przepisy:  1) wydane na podstawie:  a) art. 222 § 3 ustawy z dnia 26 czerwca 1974 r. – Kodeks pracy dotyczące wykazu substancji chemicznych, ich mieszanin, czynników lub procesów technologicznych o działaniu rakotwórczym lub mutagennym,  b) art. 222¹ § 3 ustawy z dnia 26 czerwca 1974 r. – Kodeks pracy dotyczące wykazu szkodliwych czynników biologicznych,  c) art. 227 § 2 ustawy z dnia 26 czerwca 1974 r. – Kodeks pracy dotyczące badań i pomiarów czynników szkodliwych dla zdrowia,  d) art. 228 § 3 ustawy z dnia 26 czerwca 1974 r. – Kodeks pracy dotyczące wykazu najwyższych dopuszczalnych stężeń i natężeń czynników szkodliwych dla zdrowia w środowisku pracy,  e) art. 25 pkt 1 ustawy z dnia 29 listopada 2000 r. – Prawo atomowe (Dz. U. z 2021 r. poz.. 1941 oraz z 2022 r. poz. 974) dotyczące wskaźników pozwalających na wyznaczenie dawek promieniowania jonizującego stosowanych przy ocenie narażenia na promieniowanie jonizujące.  2) załącznika nr 1 do rozporządzenia Ministra Zdrowia i Opieki Społecznej z dnia 30 maja 1996 r. w sprawie przeprowadzania badań lekarskich pracowników, zakresu profilaktycznej opieki zdrowotnej nad pracownikami oraz orzeczeń lekarskich wydawanych do celów przewidzianych w Kodeksie pracy (Dz. U. z 2023 r. poz. 607).  Skierowanie na badania lekarskie jest wydawane w dwóch egzemplarzach, z których jeden otrzymuje osoba kierowana na badania. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | **Skierowanie na badania lekarskie**  **przeznaczone do realizacji** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  |  |  |  |  | W Centrum Medicover | | | | | | | | | | | | | | | | | |  | |  |  | | |  | | | w placówkach współpracujących z Medicover | | | | | | | | | | | | | | | | |  |  |  |  |  | |
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| **W celu umówienia badań Medycyny Pracy w Centrum Medicover skontaktuj się z Infolinia Medycyny Pracy 500 900 700 lub wypełnij formularz kontaktowy na stronie www.medicover.pl.**  **W celu umówienia badań Medycyny pracy w placówkach współpracujących z Medicover skontaktuj się bezpośrednio z wybraną placówką. Dane kontaktowe do placówki znajdziesz na stronie** [**https://www.medicover.pl/placowki**](https://www.medicover.pl/placowki) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Do celów administracyjnych – wypełnia placówka współpracująca z Medicover | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | **Data wykonania** | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | **Data wykonania** | | | | | |
| Konsultacja lek. medycyny pracy – standardowa | | | | | | | | | | | | | | | |  | | | | | | | | | |  | Spirometria | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Konsultacja okulisty – med. pracy | | | | | | | | | | | | | | | |  | | | | | | | | | |  | Audiometria tonalna | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Konsultacja laryngologa – med. pracy | | | | | | | | | | | | | | | |  | | | | | | | | | |  | EKG spoczynkowe | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| Konsultacja neurologa – med. pracy | | | | | | | | | | | | | | | |  | | | | | | | | | |  | Inne (jakie) | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| Data ważności wydanego zaświadczenia: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prosimy o wydrukowanie i przekazanie niniejszego skierowania Pracownikowi w trzech egzemplarzach.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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