

A member's statement on involvement in the organisation/association*

FILL OUT IN CAPITAL LETTERS

Organisation's/association's name*:

Organisation's/association's* number in the Association Registry/University Student Organisation

Registry*:.....

First and last name

Major

I, the undersigned, declare that:

1. I have read the "Regulations on the operation, financing and dissolution of student organisations and associations operating at the Wrocław Medical University" and that I am familiar with the rules in force at the University and I undertake to comply with them;

2. I undertake to have a valid accident and civil liability insurance (to the full extent of coverage, which makes it possible to participate in all events, projects and practical classes conducted by the given organisation/association, including the coverage of the costs of post-exposure preventive treatment examination resulting from contact with potentially infectious biological material, as well as and the risk of HIV, HBV or HCV infection and the cost of post-exposure preventive treatment).

.....
signature of the organisation/association* member

This statement concerns a member of an organisation that operates on the premises of a hospital with a partnership agreement

I, the undersigned, declare that:

I have been informed that the following conditions must be met to be involved in the activities of a student organisation on the hospital's premises:

- having valid accident insurance,
- having an up-to-date certification of medical examination for sanitary and epidemiological purposes,
- being vaccinated against Hepatitis B,
- wearing protective clothing,
- wearing a name tag.

.....
signature of the organisation/association* member

*delete as appropriate