

FORM FOR PERSONAL DETAILS

Name: _____

Private address: _____

ID number: _____

Birth number: _____

Country: _____

Institute: _____

Tel. Work: _____

Tel. Private: _____

E-mail: _____

Allergen: _____

Vaccine card: _____

Position at UiB: _____

Supervisor: _____

Title: _____

Contact Person: _____

E-mail: _____

Tel. _____

- A copy of this form should be given to the person responsible for personnel in your department.
- You have an appointment for a health check at the Health, Safety and Environment Section, UiB, date: _____
- Take this form with you to the appointment at the the Health, Safety and Environment Section (Christiesgate 20.).