*Official Institute/University letter head*

**Attestation proof of employment**

This is to certify that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is currently employed as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will be working at University of Pavia during this period.

***He/She*** will be covered for medical expenses due to illness and professional and private accidents in Italy during ***his/her*** stay at University of Pavia (note that it is recommended to have in addition an insurance against economic consequences or disability arising from accidents or illness).

This Institute assumes full responsibility if the insurance coverage in insufficient.

Director signature

***He/She*** will be working in laboratory with chemical, biological or physical risks:

* Yes (attach attestation of health surveillance)
* No

Director signature