

SC MEDEXPERT SRL
Str. Câmpului nr. 124A
Cluj – Napoca
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ORC [Trade Register] Cluj: J12/480/2005

CUI [Tax code]:17229450

MEDICAL CONSENT AND AGREEMENT FORM FOR MINOR

The undersigned _____, home address:
_____, str. _____, no. __, ap. _____, county.
_____, the holder of __, serial _____, no. _____, issued
by _____ on _____,
as parent/guardian/legal representative of the minor _____, CNP [Personal number]
_____, age _____

declare as follows:

- 1. I do agree that the minor will undergo medical examinations in the field of occupational medicine at the medical clinic SC MEDEXPERT SRL. The medical examinations to be carried out at the clinic are necessary for the minor to conclude an individual employment agreement.**
- I make a sworn statement that I have previously obtained and currently hold the express and unequivocal consent of the Minor's other parent for the Minor to benefit from the medical services provided by SC MEDEXPERT SRL - medical consultations, medical tests, as medically required and/or recommended. In case this statement does not correspond to the truth, I undertake to indemnify the medical centre SC Medexpert SRL for all damages/compensations /fines etc. to which it would be liable.
- I undertake to immediately notify the clinic SC MEDEXPERT SRL of any circumstance that would affect the validity of this agreement.
- If this agreement is given in violation of the legal provisions in force concerning the provision of medical services to minors, I undertake to indemnify the clinic SC MEDEXPERT SRL for all damages caused to it by the non-compliant or false statement.
- 5. I enclose herewith a copy of my identity card signed for conformity with the original and dated).**

SURNAME / GIVEN NAME(S) OF DECLARANT

SIGNATURE OF DECLARANT