Instituto de Infectologia “Emilio Ribas”

TESTEMUNHA DE ACIDENTE DE TRABALHO

Eu,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RG,\_\_\_\_\_\_\_\_\_\_\_\_

**declaro** que em \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Senhor (a)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

RG,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, na função de \_\_\_\_\_\_\_\_\_\_\_\_\_, classificado na Diretoria \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do Instituto de Infectologia “Emilio Ribas” , foi vítima de Acidente de Trabalho : (descrição)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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São Paulo, \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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