|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Curso/ *Course* | | |  | | | | | | |
| Nombre/ *Name & Surname* | | |  | | | | | | |
| Especialidad/ *Speciality* | | |  | | | | | | |
| DNI-Pasaporte/ *Passport Nr* | | |  | | | | | | |
| Cent. trabajo/ *Place of work* | | |  | | | | | | |
| Cargo**1**/ *Position* | | |  | | | | | | |
| Dirección Trabajo/ *Address* | | |  | | | | | | |
| Ciudad/ *City* | |  | | | C.P./ *Zip Code* | | |  | |
| Provincia/ *Province* | |  | | | País/ *State* | | |  | |
| Teléfono/ *Phone* | |  | | | Fax: | | |  | |
| E-mail | |  | | | | | | | |
| C.I.F. | |  | | | | | | | |
| JEFE DEL SERVICIO: (Nombre y teléfono o e-mail) | | | | | | | | | |
| TUTOR (sólo en caso de residentes): (Nombre y teléfono o e-mail) | | | | | | | | | |
| Dir.Particular/Homme *Address* | | | |  | | | | | |
| Ciudad/ *City* | |  | | | C.P./ *Zip Code* | | |  | |
| Provincia/ *Province* | |  | | | País/ *State* | | |  | |
| Teléfono/ *Phone* | |  | | | Fax: | | |  | |
| Talla de pijama quirúrgico/ *Surgical Scrub Size* (6-8-10-12) | | | | | | |  | | |
| Talla de zueco/ *Clog Size* | | | | | | |  | | |
| ¿Padece alergia a algún alimento? ¿Padece alergia al látex?  Do you have any food allergy? Are you allergic to latex? | | | | | | | | | |
| Sí/ Yes |  | | No/No | |  | Ns-Nc/ Not Certain-Unknown | | |  |
| En caso afirmativo, especifique / If YES, specify it: | | | | | | | | | |
| OTROS DATOS/ OTHER INFORMATION | | | | | | | | | |
| Factura a nombre de/ *Invoice to* *(Name of the Company or Individual):*  Acuerdo CSyPS/CCMIJU | | | | | | | | | |
| Firma V.OB.O Jefe del Servicio Firma V.OB.O del Tutor | | | | | | | | | |