



CONSILIUL JUDETEAN  
 BUZAU  
 Spitalul Judetean de Urgenta  
 Buzau  
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Aprobat Comitet Director  
 Manager

**Declaratie**

**Agresiune/ Accident auto/ Accident de munca**

Subsemnatul \_\_\_\_\_ declar pe propria raspundere urmatoarele:

Descrierea vatamarii suferite (data, ora, loc, circumstantele producerii, numele si datele celui ce a acuzat vatamarea):

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Data,

Semnatura,