**ZAHTJEV ZA OSIGURANJE HITNE MEDICINSKE SKRBI NA JAVNIM PRIREDBAMA I DRUGIM OBLICIMA OKUPLJANJA**

NAZIV JAVNE PRIREDBE ILI OKUPLJANJA:

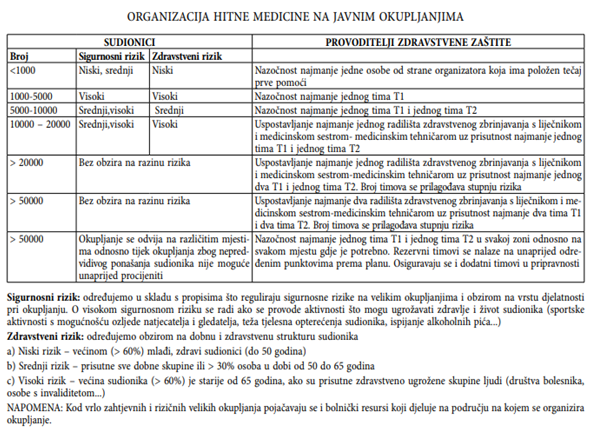
DATUM I MJESTO ODRŽAVANJA:

TRAJANJE OSIGURANJA (U SATIMA):

OČEKIVANI BROJ SUDIONIKA:

SIGURNOSI RIZIK (OZNAČITI) : VISOKI SREDNJI NISKI

ZDRAVSTVENI RIZIK (OZNAČITI): VISOKI SREDNJI NISKI



**ORGANIZATOR/NAZIV:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**KONTAKT OSOBA:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL/MOB./TEL**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATUM PODNOŠENJA ZAHTJEVA**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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