# Žiadosť o vyhotovenie preukazu fyzickej

# osoby s ťažkým zdravotným postihnutím

# bez sprievodcu/ so sprievodcom\*

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|  | | ***Údaje o žiadateľovi*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Priezvisko | | | | | | | | | | | | | |  | Meno Titul | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |
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|  | Deň, mesiac, rok narodenia | | | | | | | | | | **Rodné číslo** Číslo OP | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Štátna príslušnosť | | | | | | |  | |
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|  | **Adresa trvalého pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Adresa prechodného pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **U cudzinca typ povolenia k pobytu** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Adresa miesta, kde sa obvykle zdržiava** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Ulica | | |  | | | | | | | | | | | |  | | Číslo | | | |  | | | | |  | Telefón | | |  | | | | | | | | | | | | | |  | |
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|  | | ***Údaje o zákonnom zástupcovi žiadateľa (rodič alebo súdom ustanovený opatrovník)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Priezvisko | | | | | | | | | | | | | |  | Meno Titul | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | |  | |
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|  | Deň, mesiac, rok narodenia | | | | | | | | | | **Rodné číslo** Číslo OP | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Štátna príslušnosť | | | | | | |  | |
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|  | **Adresa trvalého pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Ulica | | |  | | | | | | | | | | | | |  | | Číslo | | | | | | |  | | | | | | | | | |  | Telefón | | | |  | | | | | | |  | |
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|  | **Adresa prechodného pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Ulica | | |  | | | | | | | | | | | | |  | | Číslo | | | | | | |  | | | | | | | | | |  | Telefón | | | |  | | | | | | |  | |

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|  | **U cudzinca typ povolenia k pobytu** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Adresa miesta, kde sa obvykle zdržiava** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | ***Poučenie žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Lekárska posudková činnosť sa vykonáva bez prítomnosti posudzovanej fyzickej osoby. Ak fyzická osoba chce byť prítomná na posúdení jej zdravotného stavu, musí o posúdenie požiadať písomne alebo podaním žiadosti elektronickými prostriedkami podpísanej zaručeným elektronickým podpisom. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | ***Informácia pre žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Úrad práce, sociálnych vecí a rodiny – IČO: 30794536 spracúva Vaše osobné údaje v zmysle zákona č. 447/2008 Z. z. o peňažných príspevkoch na kompenzáciu ťažkého zdravotného postihnutia a o zmene a doplnení niektorých zákonov v znení neskorších predpisov a uvedené osobné údaje ďalej poskytuje orgánom verejnej moci.  V prípade akýchkoľvek nejasností, problémov, otázok, ktoré súvisia s ochranou osobných údajov sa môžete obrátiť na mailovú adresu: ochranaosobnychudajov@upsvr.gov.sk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | ***Vyhlásenie žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Vyhlasujem, že všetky údaje uvedené v žiadosti sú pravdivé a som si vedomý (á) právnych následkov v prípade uvedenia nepravdivých údajov. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Podpis žiadateľa  (zákonného zástupcu) | | | | | | | | | | |  |
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\* nehodiace sa škrtnite

Prílohy:

Lekársky nález – vypĺňa ošetrujúci lekár (lekárske nálezy z vyšetrení odborným lekárom, z hospitalizácií a ďalšie)