

Document to complete and submit upon arrival

This document should be placed in a sealed envelope and will be used only if necessary and will be returned to you at the end of your stay !

Contact details of person 1

First name : Last name : Phone :

Contact details of person 2

First name : Last name : Phone :

List of medications prescribed to you:

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Please indicate if you are allergic to certain medications or others:

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Known pathology(s):

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Your insurance details:

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Please attach

- A copy of your passport
- A copy of your insurance card