

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 pathologies:

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Blood group:

Your insurance details:

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Please attach

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