

EURO SPACE CENTER REQUIRED INFORMATION

GENERAL

NAME

ADDRESS

.....

.....

TELEPHONE/MOBILE.....

DATE OF BIRTH MALE / FEMALE

HEIGHT WEIGHT BLOOD TYPE

MEDICAL INFORMATION

DO YOU CURRENTLY SUFFER FROM ANY OF THE BELOW

ASTHMA SLEEPING DISORDER

EPILEPSY SICKNESS

SINUSITIS CARDIAC MALFORMATION

BRONCHITIS DIZZINESS/VERTIGO

CONVULSIONS EAR INFECTION

MIGRAINE ARTHRITIS

OTHER

.....

HAVE YOU SUFFERED FROM CRANIAL TRAUMATISM?

HAVE YOU HAD A RECENT OPERATION? IF SO TYPE AND DATE

.....

SPECIAL DIET

CLASSICAL

VEGETARIAN

NO PORK

OTHER

ALLERGIES TO MEDICINES

OTHER ALLERGIES

ARE YOU UNDER ANY TREATMENT OR LIKELY TO BE DURING THE COURSE? IF SO WHICH TREATMENT?

.....

DOCTOR'S NAME AND TELEPHONE NUMBER

PRACTICAL DETAILS

CLOTHING

IN ORDER TO PARTICIPATE IN THE DIFFERENT ACTIVITIES, SPORTS WEAR AND WHITE PUMPS (OR SHOES WITH NON BLACK SOLES) ARE ADVISED.

DRESSES AND SKIRTS ARE NOT ADVISED.

LODGING

BED LINEN IS PROVIDED BUT YOU MAY WISH TO BRING YOUR OWN SLEEPING BAG.

TOWELS AND TOILETIRES ARE NOT PROVIDED.

PLEASE MAKE SURE YOU HAVE A CURRENT EHIC CARD AND TRAVEL INSURANCE WITH YOU.