

# 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 SUFFEREED 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 EHC CARD AND TRAVEL INSURANCE WITH YOU.