WINTER 2021

HEALTH FORM

Name : ……. Surname : ……
Date of birth: ……

BLOOD GROUP

Please answer only if you are certain of your blood group.

A+ A- O+ O- B+ B- AB+ AB-

HEALTH PROBLEMS

As a preventive measure, please inform us if you have or have had any medical issue

- Do you require a special diet (any allergy, intolerance) ? ……

Remarks : ……..

- Other health problems ? ……..

Remarks : ……

INSURANCE

Name of your accident insurance : ……..
Address : …… Tel : ……
Name of your repatriation insurance : ……
Address : ……..Tel : ……..

CONTACT PERSON

Your contact in case of emergency

Name : …… Surname : ……..

Address : …… Tel. : ……..

Remarks : ……

In case of emergency I authorize Turkey Heliski SA to take the decisions and measures it deems necessary, including the choice of hospital and repatriation.

DATE: …….. SIGNATURE: ……

TURKEY HELISKI

CP 155
CH - 1936 VERBIER
+ 41 27 771 72 50
info@heliski.pro