

Tourismusschulen Semmering

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Family name:

First name:

Nationality: Date of birth:

Home address:

.....

Telephone number: +43/

Useful medical information

Blood group:

Has the student had a recent (less than 6 months) operation?

yes no which one.....

date:

Is she/he allergic? yes no

To

Handicap:

Eye Hearing Mobility Speaking

Others:

- | | |
|---|---|
| <input type="checkbox"/> Feeling of sickness, faintness | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Nervous disease | <input type="checkbox"/> Ongoing treatment |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Convulsion | <input type="checkbox"/> Accident after-effects |
| <input type="checkbox"/> Epilepsy | |

.....

Medical authorization during the training period

In case of emergency, a surgical operation might be necessary.

Whenever it is possible, the tutor of the student will call the student's parents. Should they be unavailable, would you please fill in the following authorization:

.....
(Family name and first name of the student)
allows the restaurant manager or the tutor to call medical help in case of accident.

.....
(Signature of the student)

Name and telephone number of the current doctor in Austria:

..... Tel.: +43/

Name and telephone number of the student's family:

..... Tel. (home): +43/

Tel. (mobil): +43/

Tel. (work): +43/