Induction of visits



Signed by Medic - MU (Evaluation)

Aptitude:

Date:

Time:

Signed by Sponsor (Induction)

Date:

Time:

Hand in this format in the Entry/Exit point when you leave the site.



INDUCTION FOR VISITORS

DECLARATION OF HEALTH AND PERSONAL COMMITMENT OF VISITORS TO CERRO CORONA

| 1, |
|--|
| |
| |
| Declare that I am in good health and that I do not suffer from any condition that may affect my health during my visit to Cerro Corona (at an altitude of 4,000 meters above sea level). |
| I further declare that I have read, understood, and agree to comply with the general rules described in the Induction Guide for Visitors. |
| |
| Date: |
| Signed: |
| ID number (Passport/DNI/C/E): |
| |

