

HEALTH AND DIETARY INFORMATION

This information is used to organize your work placement and accommodation. If you do not provide true and adequate information, your work placement and/or accommodation may be canceled on arrival.

It is important that you fill all the relevant information according to your knowledge.

(If you do not have anything to add, please put N/A in the specific section).

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| Allergies and intolerances <i>(Please list all, if you have any)</i> | |
| Dietary requirements <i>(Please list all, if you are following any special diet, for example, vegan, halal.....)</i> | |
| Ongoing medical conditions <i>(Please list all, including chronic conditions or issues that you have had in past and may reappear, like asthma, panic, anxiety etc.)</i> | |
| Ongoing medical treatment or medication <i>(Please list all, if you require to take medication or undergo medical treatments)</i> | |
| Special requirements <i>(Please list all special requirements you have in regards to work placement and accommodation <u>due to your health or diet</u>)</i> | |
| COVID-19 | |
| Have you recovered from COVID-19? | <input type="checkbox"/> NO <input style="margin-left: 100px;" type="checkbox"/> YES |
| Date of positive PCR test: | |
| Did you receive the full COVID-19 vaccination ? | <input type="checkbox"/> NO <input style="margin-left: 100px;" type="checkbox"/> YES |
| Name of the vaccination | |
| Dates of Vaccination: | 1st dose |
| | 2nd dose |
| | 3rd dose |
| Do you have a valid EU Covid Certificate till the end of your mobility period? | <input type="checkbox"/> NO <input style="margin-left: 100px;" type="checkbox"/> YES |

| | |
|---|--|
| Name and Surname | |
| Name of the school | |
| Signature of student | |
| Signature of parent or legal guardian* | |
| Place and Date | |

*By signing, I guarantee that the information is accurate.

- If the previously given data change during the implementation of the project, the candidate is obliged to immediately notify such a change to the Chamber of Commerce and Industry of Serbia, no later than three days after the change.
- By signing this form, the candidate gives his/her consent to the processing of their personal data in accordance with point (a) of Article 6 (1) of the General Data Protection Regulation (EU) 2016/679 for the following purposes:
 - implementation of the INTERVET WB project;
 - ensuring the safety and health of the candidate during the implementation of the project;
 - ensuring the safety and health of all other persons involved in the project or persons with whom the applicant cooperates.
- If the candidate does not provide the Chamber of Commerce and Industry of Serbia with accurate data he/she is fully responsible for any damage caused because of providing inaccurate or false data.