

Spekul vzw

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Ondernemingsnummer
0415.653.215
RPR Rechtbank van Leuven



Medical declaration

Undersigned

Surname

Name

Date of birth

I declare that:

- I do not suffer from a medical condition that could influence a cave guiding.
- I suffer from a medical condition that could influence a cave guiding. The condition I suffer from is:

I confirm that the information given in this form is true, complete and accurate.

Done in (*place*) and on (*date*)

Signature