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| Commitment Insurance**Name and Surname:****By attaching this form, I have the commitment to get the following documents by the beginning of my stay at the Universidad de Cádiz:*** **European Health Insurance card or private insurance** to have health cover during my stay in Spain.

**I commit** **to** purchase an insurance policy that covers, at least:1. Medical and Health Care.
2. Repatriation or medical transport of myself in case of injury or sickness.
3. Repatriation or transportation of myself in case of death, Accidents, and Personal Liability.

**Signature:****Date:** |

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| Imagen que contiene Logotipo  Descripción generada automáticamenteUniversidad de CádizVicerrectorado de Internacionalización,Oficina de Internacionalización.956015883. Fax: 956015895https://internacional.uca.es/internacionalizacion@uca.es |

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