

# CHENOT

PALACE

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Dear  Mr  Mrs  Ms

Thank you for your reservation at the Chenot Palace Weggis.

In order to further personalise your experience, we kindly ask you to sign and return this form at [reservation@chenotpalaceweggis.com](mailto:reservation@chenotpalaceweggis.com).

Name:

Address:

Date of birth:

For legal and health reasons, please be informed that guests with any of the medical conditions listed below are not recommended to undertake any of the programmes and treatments offered at Chenot Palace Weggis as they may have medical contraindications.

- Undergoing cancer therapy
- Insulin dependent diabetes
- Any period of pregnancy
- Breastfeeding women
- Severe disabilities

Due to the recent Covid-19 Situation, we would like to ask you to answer the following questions:

For the safety of our guests and employees, please let us know if you or a member of your household has developed any of the following symptoms within the last 7 days:

- Cough
- Fever
- Breathlessness
- Sore Throat
- Headache

Has you or any of your household member been recovered for any of the above symptoms?

- Yes  No

Have you ever resulted positive or did an official test resulting positive to the Covid-19?

- Yes if Yes, please specify when  
 No

CHENOT PALACE

HERTENSTEINSTRASSE 34, 6353 WEGGIS, SWITZERLAND

T: +41 (0)41 255 20 20 | E: [INFO@CHENOTPALACEWEGGIS.COM](mailto:INFO@CHENOTPALACEWEGGIS.COM) | [WWW.CHENOTPALACEWEGGIS.COM](http://WWW.CHENOTPALACEWEGGIS.COM)

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Kindly note that we cannot proceed with your reservation without your personal details and your signature to confirm that you do not have any of the above listed conditions.

With your signature, you understand that both your guest registration and your medical data are collected, processed and stored by Chenot Palace Weggis to provide you the booked hospitality and medical services in a most efficient and personalised manner as possible, to contact you in case of ambiguities or problems, and to ensure correct processing of any payment. To the extent necessary, with your signature below you grant your explicit consent to such data collection, processing, and storage.

We kindly ask you to return this form signed at your earliest convenience but no later than

Please be aware that short term requests will be taken into consideration only on the current status of availability. We thank you in advance for your collaboration.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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