

MEDICAL DECLARATION FOR AN INSURED PERSON

Doctors please write in **BLOCK** capitals and validate with surgery stamp. Please complete all questions.

If this claim has arisen from the illness of a person insured under this policy then their GP should complete this page (4) only; if however this claim has arisen due to the illness of a close relative, or travelling companion or person with whom you intend to stay who is not insured under this policy, then please complete the medical declaration for a non-insured person on page 5 instead.

Name of Patient

Booking Date Date insurance was purchased

This section should be completed by your GP in relation to the medical condition which necessitated your claim. Completion by a Hospital, Specialist or Consultant will not be accepted. Any charges incurred to obtain this information are not covered under your policy. Medical Records/Further Medical Information may be requested.

Are you a GP at the patient's regular practice? Yes No

Were you consulted in relation to the patient's intention to travel? Yes No If yes, Date

If yes, did you consider the patient fit to travel? Yes No

If no, please state reason

State (a) the medical condition(s) or (b) the cause of death, which resulted in this claim.

(a) (b)

Date of first consultation for symptoms of this condition(s)? Date of diagnosis of the condition(s)?

Date cancellation was recommended?

Was your patient undergoing inpatient treatment or investigations during the 3 years prior to the date the insurance was purchased or on a waiting list for the same? If yes please give details:

Please list all current active / major conditions and all medication your patient was prescribed on the date the insurance was purchased:

Signature(s)

Date

DD / MM / YYYY

GP Stamp

(CERTIFICATES CANNOT BE ACCEPTED WITHOUT THE APPROPRIATE DOCTOR'S STAMP)