



Medical declaration

About your medical declaration

As with all insurance, failure to tell the insurer of any circumstance, which might reasonably give rise to a claim, can cause your insurance policy to become void.

Any ongoing medical conditions at the time you buy your insurance or go on your trip will not be covered unless the company specifically agrees otherwise, prior to the beginning of your insurance policy or the beginning of your trip.

You will not be covered if:

1. you are aware of any medical condition or set of circumstances, which could reasonably have been expected to give rise to a claim;
2. you are receiving in-patient treatment in a hospital or nursing home;
3. you are on a waiting list for in-patient treatment in a hospital or nursing home;
4. you have received a terminal prognosis;
5. you are travelling against the advice of a medical practitioner;
6. you have during the past 12 months suffered from any serious, chronic or recurring medical condition that has necessitated consultation or treatment, unless declared to and accepted by the company.

If any of the above apply to you, **the completion of this medical declaration gives the company the chance to consider extending the policy to cover you.** This will prevent any problems in the event of a claim.

Patient's name:

Date of birth:

Occupation:

Address:

Dates of trip: From: To:

Countries to be visited:

Please provide details and dates of any previous medical or cancellation claims:

Medical declaration

To be completed by the proposer's usual medical attendant.

The proposer will meet all costs of producing of this information.

Are you this patient's usual doctor?

Yes No

How long have you been the patient's doctor?

Full details of condition(s) suffered by your patient:

Has the patient suffered from this condition before?

Yes No

When was the condition first diagnosed?

What stage is the condition at now?

Is any ongoing treatment or medication necessary or envisaged?

Yes No

If Yes, please give full details below, along with daily doses prescribed: (please use capital letters)

Is the patient pregnant?

Yes No

Expected delivery date:

Please give details of any complications, either ongoing or foreseen:

Recent blood pressure reading:

Date reading was taken:

Prior to this visit, when did the patient last consult you?

For what reason were you consulted?



Medical declaration

I have examined the patient and/or referred to his/her medical records and I declare that in my considered opinion my patient is fit to travel on any trip by all conventional means.

Name

Signature

Date

This form should be completed in full and returned to the patient who at their discretion may disclose the information to insurers in application for annual or short period travel insurance.