

Medical Declaration

Questions 1,2 and 3 should be completed by YOU prior to having the GP complete the rest of the form.

If it was your health that necessitated the cancellation of the trip, your GP must complete this form.

If it was the health of someone else that necessitated the cancellation of the trip, their GP must complete this form.

Any fee charged for completing this declaration must be paid by the claimant.

ALL questions must be answered. Writing 'not applicable' could result in your claim not being processed.

1	Patient's name	<input type="text"/>
2	Date trip was booked	<input type="text"/>
3	Date insurance was purchased	<input type="text"/>

To be completed by the patient's General Practitioner.

DOCTORS please write in BLOCK CAPITALS and validate with your surgery stamp

4	Are you the patient's regular GP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If NO , what is your relationship to the patient:	<input type="text"/>	
5	Were you consulted in relation to the patient's intention to travel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	If YES , what date were you consulted?	<input type="text"/>	
7	What was the specific medical condition which resulted in this claim	<input type="text"/>	
8	If it was an injury, how was this caused?	<input type="text"/>	
9	Date of diagnosis:	<input type="text"/>	
10	Date of first consultation for this condition:	<input type="text"/>	
11	If the patient was travelling, what date did you deem the patient to be unfit to travel?	<input type="text"/>	
12	Was this condition the sole reason leading to your advice to cancel the trip?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If NO , please give details of each medical condition, treatment and diagnosis dates:	<input type="text"/>	
13	Was the patient fit to travel when trip booked? (See Q2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14	Was the patient fit to travel when insurance bought? (See Q3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

15	If the patient was not travelling, were they stable when the trip was booked and when the insurance was bought? (See Q2 & 3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16	Had the patient been treated previously for this or any related condition? If YES , please give dates and details of all treatment, consultations and medications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="text"/>		
17	Was the patient on a hospital waiting list?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If YES , from what date:	<input type="text"/>	
18	Was the patient receiving specialist treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19	Has the patient been given a terminal prognosis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If YES , what date was this prognosis given to the patient?	<input type="text"/>	

20 If the cancellation is related to pregnancy, please provide the following details:

Date pregnancy was confirmed:

Estimated date of delivery:

State the pregnancy related condition necessitated the cancellation of the trip:

Signature

Date

Official Medical Provider Stamp

PLEASE NOTE: Based on the information supplied herein, we may request medical records at a later date.