

**Cancellation Insurance**

**MEDICAL CERTIFICATE**

**IMPORTANT**

To claim on travel cancellation insurance, this document needs to be completed by the claimant's usual doctor and returned in a sealed envelope for the attention of the medical adviser.

**PATIENT IDENTIFICATION**

*Surname* \_\_\_\_\_ *First name* \_\_\_\_\_

*Date of birth* \_\_\_\_\_

*Address* \_\_\_\_\_

*What is your patient's medical history ? :* \_\_\_\_\_

*What is his / her usual treatment ? :* \_\_\_\_\_

**COMPLAINT THAT GAVE RISE TO THE CANCELLATION**

Nature of the complaint : \_\_\_\_\_

Date when the complaint first occurred : \_\_\_\_\_

Date when the trip was contraindicated : \_\_\_\_\_

Date when the patient was informed of the diagnosis : \_\_\_\_\_

Date when the necessary treatment was undertaken : \_\_\_\_\_

Treatment prescribed : \_\_\_\_\_

Medical examinations prescribed : \_\_\_\_\_

In case of a pregnancy, please indicate the estimated date of the start of the pregnancy : \_\_\_\_\_

Hospitalisation was required from \_\_\_\_\_ to \_\_\_\_\_

The person was on sick leave from \_\_\_\_\_ to \_\_\_\_\_

Date \_\_\_\_\_

Doctor's signature and stamp