MEDICAL DECLARATION – INSURED PERSON

Patient Name

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, what date?

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

If No, please state the 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?

Date of diagnosis of this condition?

Date cancellation was recommended?

In the 2 years prior to buying the policy had your patient:

Had any surgery, inpatient or outpatient treatment or any referrals or investigations of any sort? (This includes being on a waiting list). Yes/No

Taken prescription medication or received any medical treatment for ANY medical condition? (This does not apply to colds, flu or contraceptive medication) Yes/No

Received any medical advice or treatment for any respiratory condition relating to the lungs or breathing? Yes/No

Received any medical advice or treatment for any heart, stroke or diabetic condition? Yes/No

Suffered from anxiety, depression or any psychological condition? Yes/No

If you have answered yes to any of the above please provide details below:

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

Signature

Date

GP Stamp

CLAIM REFERENCE NUMBER