

Medical Certificate

Claim Number (for office use only)



PjHayman

Please use **BLOCK CAPITALS** when filling in this form. Other documents, such as hospital letters or death certificates, may be considered, although if submitted instead of the GP completed medical certificate, it may be necessary to request additional information. This certificate is to be completed by the usual treating GP of the person causing the cancellation or curtailment. If there is insufficient space for your answers please use the Additional Information box provided.

Note: any fee incurred to complete the Medical Certificate may not be considered by the policy.

Name of patient: Age: Date of Birth:

Are you the patient's usual GP: Yes No How long has the patient been with the practice: Years Months

Precise nature of illness/injury causing cancellation/curtailment of the holiday/trip:

Are you prepared to certify that solely due to the condition described above, the claimant(s) are compelled to cancel/curtail? Yes No

Is the above condition directly or indirectly related to any known pre-existing condition? Yes No

If yes, please provide details of the condition:

Date illness / injury causing the claim: Date referred to a consultant (if applicable):

Date & time you were first consulted: hrs Date wait listed for operation (if applicable):

Date admitted to hospital (if applicable):

Date discharged from hospital (if applicable):

Claims due to pregnancy

Date confirmed:

The reason why the pregnancy necessitates cancellation/curtailment of the holiday/trip:

Expected due date:

Date you advised the patient to cancel/curtail:

If you did not advise the patient to cancel/curtail, on what date did this become medically necessary?

If possible, please indicate when the patient would be fit to travel?

Has a terminal prognosis been made? Yes No If yes, when was the patient made aware of this?

In the last 12 months has the patient been fit and well enough to travel? Yes No

If no, please provide details:

Were you advised of the planned trip? Yes No

If yes, please provide date:

If advised, were there any circumstances which could have reasonably been anticipated to give rise to a claim? Yes No

If yes, please provide details:

