

MEDICAL CERTIFICATE IN CASE OF TRIP CANCELLATION

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NB The form has to be signed at page 2

To be completed and signed by the doctor.

1. Patient information

Name of traveler:		Date of Birth:
Name of patient if different from traveler:		Date of Birth:
Cancellation concerns trip to:	Booking date:	Date of departure:

2. Symptoms and diagnosis

2.1 When did the symptoms causing the cancellation arise? Date:

2.2 When was the first consultation? Date:	Health-care institution:
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2.3 State diagnosis:

2.4 State treatment prescribed:

2.5 Has the condition required hospitalization or prescribed bed rest? Yes No

If YES, between what dates?

2.6 Has the patient had similar trouble previously? Yes No

If YES, between what dates?

Did you treat the patient on this occasion? Yes No

2.7 To be completed in case of chronic disease

Is the reason for the appointment a sudden acute deterioration of the condition? Yes No

If YES, when was the patient diagnosed with this disease? Date

If YES, when did the acute deterioration occur? Date:



3. Check the appropriate boxes

3.1 To be completed when the traveler is ill:
<input type="checkbox"/> I firmly advice against travel as the condition of the patient = traveler is such that travelling cannot be carried out without risking injury.
<input type="checkbox"/> I do not advice against travel. The condition of the patient = traveler does not pose an obstacle to travelling.

3.2 To be completed when next of kin is ill:
<input type="checkbox"/> I do not advice against travel. The condition of the patient = next of kind does not pose an obstacle to the traveler carrying out the trip.
<input type="checkbox"/> The traveler, who is the patient's next of kind, should not carry out the trip, as the patient's condition is severe.
<input type="checkbox"/> The traveler, who is the patient's next of kin, should not carry out the trip. The condition of the patient is such that it requires special care through the traveler.

3.3 To be completed in every case:
<input type="checkbox"/> The condition is acute
<input type="checkbox"/> The patient's condition is chronic and was known at the time of booking. The patient had been free from symptoms for _____ months prior to booking.
<input type="checkbox"/> None of the above is applicable because:

4. Doctor's signature

Date and place	
Signature	
Clarification of signature	Place of work
Phone number inclusive country code	

5. Doctor's stamp

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