



## Travel Medical Condition(s) Declaration

|   |                             |   |  |
|---|-----------------------------|---|--|
| <b>Name of Policyholder:</b>  | <b>Policy/Quote Number:</b> | <b>Policy applied for;</b><br>(please indicate) | <b>If Single Trip, what are the dates of travel:</b> |
|   |                             | <b>Annual / Single Trip</b>                     | From:<br>To:   |
| <b>Medical Condition(s) To Be Considered:</b> (Please continue on the reverse if necessary.)        | <b>Name of applicant:</b>   | <b>Name of applicant:</b>                       | <b>Name of applicant:</b>                            |
|   |                             |   |  |
|   | <b>Date of Birth:</b>       | <b>Date of Birth:</b>                           | <b>Date of Birth:</b>                                |
|   |                             |   |  |
| <b>A) Current Medication, Dosage and Frequency:</b>   |                             |   |  |
| <b>B) When was it first diagnosed and what treatment was given?</b>                                 |                             |   |  |
| <b>C) Have you required in patient treatment in Hospital, if so give dates, reason and outcome:</b> |                             |   |  |
| <b>D) Have there been any periods of incapacity? If so give dates reason and duration.</b>          | Yes / No                    | Yes / No  | Yes / No   |
| <b>E) Is the Insured/Proposer currently under the care of a Specialist ?</b>                        | Yes / No                    | Yes / No  | Yes / No   |
| <b>F) Are you due to have any further treatment? If Yes give dates &amp; details</b>                | Yes / No                    | Yes / No  | Yes / No   |
| <b>G) When was the last occurrence?</b>   |                             |   |  |
| <b>H) Is the condition stable and controlled? If No give current situation.</b>                     | Yes / No                    | Yes / No  | Yes / No   |

**I agree that the information given in this Declaration forms part of my Application for Travel Insurance.**

**Signed**

**Date**

**OFFICE USE ONLY -**

Agree at Normal Terms.

Exclude Condition (s).

Agree subject to following Terms (insert terms required):

(delete as appropriate)

Authorised by: \_\_\_\_\_

**NB: This form should be passed to the Manager in the first instance, but final authorisation may be required from a Senior Underwriter/Director.**