MEDICAL CERTIFICATE

Z _ _ _ _ _ _

This form must be completed by the GP of the person whose medical condition gives rise to this claim. Any fee for completing this form is the responsibility of the patient/ claimant.

To avoid delay and unnecessary correspondence, please complete this certificate in BLOCK CAPITALS, answering each question as fully as possible. The form must be returned to:

Rightpath Claims, PO Box 6430, BASILDON, SS14 0QT, UK Telephone: **+44 (0) 20 8667 1600**

PART 1. PATIENT CONSENT

This form must be filled-in with relation to: (Please ensure this is completed before referral to the GP or attending specialist)

Name of Patient: _____ Date of Birth: __ / __ / __

Insurance Issue Date: __ / __ / __   Trip Booking Date: __ / __ / __

I/We give you permission to contact my doctor / specialist if you require further medical information regarding this claim.

I/we give you permission to collect and process my medical information in line with terms stated in your privacy policy.

Name of Patient: _____ Date: __ / __ / __

Patient (or parent/ guardian, if under 16 years of age) signature:

PART 2. MEDICAL CERTIFICATE

The remaining part of the form must be completed by the GP or attending specialist.

IMPORTANT: NO MEDICAL INFORMATION SHOULD BE PROVIDED WITHOUT PART 1 (PATIENT CONSENT) HAVING FIRST BEEN COMPLETED

Q1. Medical Condition: _____

Q2. Date symptoms first began: __ / __ / __   Q3. Date first consulted: __ / __ / __

Q4. Date first diagnosed: __ / __ / __

Q5. Date Cancellation could have first been reasonably anticipated: __ / __ / __

Q6. Details of any previous medical history relevant to the above condition, including the date of diagnosis:

Q7. Has the patient been hospitalised in the 12 months prior to the Trip Booking / Insurance Issue Date?   YES / NO

Q8. Was the patient on a waiting list, or under investigation on the Trip Booking / Insurance Issue Date?   YES / NO

Q9. If you have answered YES to Q7 or Q8, please provide details:

Please turn over

Medical Certificate: - cont -

Q10. At the point of Trip Booking / Insurance Issue Date (see above), was the patient:

On a waiting list: YES / NO If YES, for what: _____

Taking any medication: YES / NO If YES, for what: _____

Undergoing any tests: YES / NO If YES, for what: _____

Aware of the condition: YES / NO

Given a terminal diagnosis: YES / NO If YES, the date the terminal prognosis given: __ / __ /

Was the patient travelling contrary to medical advice? YES / NO

Q11. Was the cancellation medically necessary: YES / NO

Q12. If pregnancy: The date confirmed: __ / __ / The LMP: __ / __ / EDD: __ / __ /

Q13. If stress/ anxiety/ depression/ mental / nervous disorder, is the patient under the care of a mental health specialist? YES / NO

Name of GP: _____

Signature: _____

Contact number: _____

Name & Practice (Group Stamp)