

MEDICAL CERTIFICATE

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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: DO NOT RECORD ANY MEDICAL INFORMATION WITHOUT PART 1 (PATIENT CONSENT) HAVING BEEN COMPLETED BY THE PATIENT

Q1. Medical Condition:

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

Q4. Date first diagnosed: / /

Q5. If stress/ anxiety/ depression/ mental / nervous disorder, is the patient under the care of a mental health specialist? YES / NO

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:

Medical Certificate: (To be completed by the GP or attending specialist)

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

On a waiting list: If YES, for what:

Taking any medication: If YES, for what:

Undergoing any tests: If YES, for what:

Aware of the condition:

Given a terminal diagnosis: If YES, the date the terminal prognosis given:

Was the patient travelling contrary to medical advice?

Q11. Was the patient's medical condition stable when the trip was booked?

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

Name of GP:

Signature:

Contact number:

Name & Practice (Group Stamp)