

Medical Question Form - Cancellation Insurance

To be completed by attending doctor on the request of the insured/ patient

Patient :

Address:

Date of birth :

1. Reason of cancellation: illness accident
2. Detailed description of the illness or accident giving the reason for cancellation :
.....
.....
3. Does the patient need to be hospitalized? : Yes No
If so, from until
4. Date of first consultation :
5. Expected duration of treatment :
6. Prescribed medication :
7. Date at which you advised the insured traveler against going on the planned trip :
Why ?
8. Was the patient already under treatment for the same illness ? Yes No
If so, was the illness stabilized ? Yes No
If so, since when ?
9. If not, was the insured capable of undertaking the trip at the moment of reservation,..... /...../20..... ?
Comments :
10. In case of pregnancy, which is the expected date of birth :
11. Other comments :

Date

Seal

Signature

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