

**MEDICAL CERTIFICATE**  
**(Please ensure this certificate is completed by the GP of the person causing the cancellation)**



<b>Details of the Patient:</b>		
Name of patient:		
Age:		
Date of Birth:		
Are you the patients usual GP:		
How long has the patient been with the practice:	Years:	Months:
Precise nature of illness/injury causing the cancellation of the holiday/trip:		
Are you prepared to certify that it is only due to the condition described above, that the claimant(s) are compelled to cancel?	Yes / No	
Is the condition directly or indirectly related to any known pre-existing condition?	Yes / No	
If yes, please provide details of the condition:		
Date illness/injury causing your patient's claim began:		
Date & time you were first consulted:		
Date referred to a consultant: (If applicable)		
Date wait listed for operation: (If applicable)		
Date admitted to hospital: (If applicable)		
Date discharged from hospital: (If applicable)		
Claims due to pregnancy:	Date confirmed:	
	Expected due date:	
The reason why the pregnancy necessitates the cancellation of the holiday/trip:		
Date you advised the patient to cancel:		
If you did not advise the patient to cancel, on what date did the cancellation become medically necessary?		
If possible, please state when the patient will be fit to travel?		
Has a terminal prognosis been made?	Yes / No	
If yes, what date was the patient made aware of this?		
Please provide details of any previous medical history:		
Date the holiday/trip was booked		
Were you consulted prior to the booking being made?	Yes / No	
On the above date, was the patient fit and well?	Yes / No	

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If "No" please provide details:	
Was the booking contrary to medical advice?	Yes / No
If "Yes" Please provide details:	
<b>Declaration: I have examined the patient and referred to their medical records and I declare that the information given is correct and that no details relevant to this case have been omitted.</b>	
Name:	
Qualifications:	
Signature:	
Date:	

