



Travel Medical Condition(s) Declaration

Name of Insured/Proposer:	Date of Birth	Policy applied for; (please indicate)	If Single Trip, what are the dates of travel:
		Annual / Single Trip	From: To:
Medical Condition(s) To Be Considered: (Please continue on the reverse if necessary.)	Condition 1	Condition 2	Condition 3
A) Current Medication, Dosage and Frequency:			
B) When was it first diagnosed and what treatment was given?			
C) Have you required in patient treatment in Hospital, if so give dates, reason and outcome:			
D) Have there been any periods of incapacity? If so give dates reason and duration.	Yes / No	Yes / No	Yes / No
E) Is the Insured/Proposer currently under the care of a Specialist ?	Yes / No	Yes / No	Yes / No
F) Are you due to have any further treatment? If Yes give dates & details	Yes / No	Yes / No	Yes / No
G) When was the last occurrence?			
H) Is the condition stable and controlled? If No give current situation.	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.

Agree subject to following Terms (insert terms required):
(delete as appropriate)

Exclude Condition (s).

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.