

**This MUST be completed by your GP if you have a pre-existing medical condition at the time of booking, otherwise YOUR CONDITION will be excluded**

## PILGRIMAGE TRAVEL INSURANCE MEDICAL DECLARATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS AND SIGN BELOW

THE MAKING OF A FALSE DECLARATION IS A CRIMINAL OFFENCE AND WILL RESULT IN COVER BEING WITHDRAWN IMMEDIATELY

### PERSONAL DETAILS

INSURED'S TITLE	MR / MRS / MS	TELEPHONE NUMBER	
INSURED'S NAME			
ADDRESS			
DATE OF BIRTH		OCCUPATION	
G.P.'S NAME			
ADDRESS			
TELEPHONE NUMBER		FAX NUMBER	

### TRAVEL DETAILS

DATES OF TRAVEL	FROM	TO
DESTINATION		
NUMBER OF DAYS		

### GENERAL PRACTITIONER USE ONLY

#### GP's Note

Please do not sign this form if in your professional opinion, the insured may not be able to fully undertake the complete journey or if the insured is travelling with the intention of receiving pre-booked medical treatment.

- I confirm that the Insured is fit to travel and fully partake in the planned trip and that the medical records of the insured have been noted accordingly.

Signature General Medical Practitioner \_\_\_\_\_

**Under no circumstances should you back date this form.**

### DECLARATION

- I declare that I am not travelling against the advice of a medical practitioner and that I have consulted my regular GP concerning the trip that I am planning to undertake.
- I declare that my regular GP has declared that I am fit to travel and fully partake in the planned trip and that my medical records have been noted accordingly.
- I declare that I am not travelling with the intention of having medical treatment abroad.
- I confirm that I will take adequate supplies of any medication that I am currently taking and that I will follow the usual medical regime required for my condition.
- I confirm that the above information is true and accurate and authorise the Underwriter/Insurer to approach my GP and obtain any information they may require from my medical records.

Signature \_\_\_\_\_ PLEASE PRINT NAME HERE \_\_\_\_\_

**This form only needs to be submitted to the claim adjusters in the event of a claim please do NOT return this form to the issuing agent.**

