

MEDICAL CERTIFICATE IN CASE OF TRIP CANCELLATION

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NB The form has to be
signed at page 2

To be completed and signed by the doctor.
Send in with claim form:
Global Reseskydd c/o SOLID Försäkringar
Box 22068, 250 22 Helsingborg, Sweden

1. Patient information

Name of traveler:	Social security number:	
Name of patient if different from traveler:	Social security number:	
Cancellation concerns trip to:	Booking date:	Date of departure:

2. Symptoms and diagnosis

2.1 When did the symptoms causing the cancellation arise? Date:

2.2 When was the first consultation? Date:

Health-care institution:

2.3 State diagnosis:

2.4 State treatment prescribed:

2.5 Has the condition required hospitalization or prescribed bed rest?

Yes No

If YES, between what dates?

2.6 Has the patient had similar trouble previously?

Yes No

If YES, between what dates?

Did you treat the patient on this occasion? Yes No

2.7 To be completed in case of chronic disease

Is the reason for the appointment a sudden acute deterioration of the condition?

Yes No

If YES, when was the patient diagnosed with this disease? Date

If YES, when did the acute deterioration occur? Date:

3. Check the appropriate boxes**3.1 To be completed when the traveler is ill:**

- I firmly advice against travel as the condition of the patient = traveler is such that travelling cannot be carried out without risking injury.
- I do not advice against travel. The condition of the patient = traveler does not pose an obstacle to travelling.

3.2 To be completed when next of kin is ill:

- I do not advice against travel. The condition of the patient = next of kind does not pose an obstacle to the traveler carrying out the trip.
- The traveler, who is the patient's next of kind, should not carry out the trip, as the patient's condition is severe.
- The traveler, who is the patient's next of kin, should not carry out the trip. The condition of the patient is such that it requires special care through the traveler.

3.3 To be completed in every case:

- The condition is acute
- The patient's condition is chronic and was known at the time of booking. The patient had been free from symptoms for _____ months prior to booking.
- None of the above is applicable because:

4. Doctor's signature

Date and place

Signature

Clarification of signature

Place of work

Phone number

5. Doctor's stamp

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