

# Medical certificate

Please write clearly

Name of traveller \_\_\_\_\_ Date of birth \_\_\_\_\_

Certificate for travel to \_\_\_\_\_ Booking No. \_\_\_\_\_

Booking date \_\_\_\_\_ Date for departure \_\_\_\_\_

Date and place of the first investigation of the current illness \_\_\_\_\_

Date for the examination which is the basis for the issuance of this certificate \_\_\_\_\_

Diagnosis/ examination result \_\_\_\_\_

## To be completed if the traveler is ill

- I completely advise against the trip. The patient's (= the passenger's) condition precludes travel.
- I do not advise against the trip. The patient's (= the passenger's) condition is not an obstacle for the trip.

## To be completed when a close relative\* is ill

Name of relative	Relation	Date of birth of relative
<input type="text"/>	<input type="text"/>	<input type="text"/>

- I completely advise against the trip.  
The condition of the patient, close relative\* to the traveller, is serious and will need special care of the traveler.
- I do not advise against the trip.  
The condition of the patient, close relative\* to the traveller, does not preclude the traveler to travel.

## Always completed by doctor

- Accident that occurred after booking the trip.  The illness is acute.

### Was the illness known prior to booking the trip?

- Yes, date/year for diagnosis:   No

### The patient has been symptom-free for six months before the booking date

- Yes  No

## Completed by doctor

City and date \_\_\_\_\_

Signature \_\_\_\_\_

Name in block letters \_\_\_\_\_

Workplace \_\_\_\_\_

Phone no. \_\_\_\_\_

## Physician's stamp / copy of medical ID:

\* A close relative is a husband, wife, children, grandchildren, siblings, parents, grand parents and in-laws, person the patient cohabits in marital relationships with.

**Before sending in the form you must first cancel your trip through Customer Support.**