Medical Certificate

To the GP of the person who was unwell
If you are the patient's specialist or consultant, please give this form to the patient's GP for completion. Any fee due is the responsibility of the claimant. Please complete ALL sections below in BLOCK CAPITALS. If the information provided is unclear or incomplete, this will lead to us contacting you for clarification & will lead to a delay in assessing the claim. **Please ensure that the certificate is signed & stamped on page 4.**

TO BE COMPLETED BY THE PERSON CLAIMING	
Claim Reference Number	
Patient Name	
Patient DOB	
Date of booking (i.e. date of first payment for the trip)	
Date of any balance payment	

TO BE COMPLETED BY THE GP

About the patient

1	What is the name of the condition which caused the claim?		2	Has the patient had treatment for this condition, or been under the care of a specialist/ consultant for it in the 12 months prior to booking the trip?	
3	What date did the patient first consult a doctor about this condition?				

Details of medical condition (as stated in box 1 above) when the trip was booked and when the balance was paid

		When booked/date of first payment (dates above)	When balance paid (dates above)
4	Would they have been travelling against medical advice?		
5	Did they have a terminal diagnosis or prognosis? (if yes provide details)		
6	Were they under review, having tests or investigations, or awaiting results for any existing diagnosed or undiagnosed medical condition? (if yes provide details)		
7	Were they on a waiting list for any inpatient treatment? (if yes provide details)		
8	Were they on a waiting list for any outpatient treatment? (if yes provide details)		
9	Had the patient been referred to a consultant or specialist? (If yes provide details, including date of referral)		

Details of medical condition (as stated in box 1 above) in the 12 months prior to booking the trip

10	Have they received any treatment?	Inpatient Treatment	Outpatient Treatment
11	Dates of treatment		
12	Details of treatment		

13	Please list the details of any medication prescribed regularly in the 12 months prior to booking, including any change of dosage.			
Drug Name	Medical Condition	Dosage	Start Date	Stop Date

Their medical history

14	In the 12 months prior to booking the trip did they have any history of any medical condition below where they have; been prescribed medication, had any medical treatment, investigations or tests (or was waiting for any), been referred to, is under the care of, or has had an appointment with a specialist or consultant, or been admitted to hospital or had surgery.

Condition Name	Y/N	Date of Diagnosis	Details (include comments on treatment given and the stability of the condition)
Musculoskeletal Conditions			
Malignancy			
Thromboembolism / thrombosis			
Cardiac conditions			
Hypertension			
Pulmonary conditions			
Hepatic conditions			
Renal conditions			
Endocrine conditions			
Gastroenterological conditions			
Neurological conditions / epilepsy			
Gynaecological / urological			
Diabetes			
Alcohol or drug abuse			
Allergies			
Psychiatric conditions			
Breast disease			
Immunological conditions			
Any other conditions			

Is the named patient aware of the above listed conditions?		If "No", please state which condition(s) the patient may not be aware of:

15	Please provide us with any further information you feel may be relevant to the patient's medical condition, including the results of any recent blood tests if applicable.

I am the GP of the patient named at the top of this form. I understand the above information to be a true reflection of the patient's medical records		
GP name		Surgery stamp
Surgery address		
Surgery phone number		
Signed		
Date		