

Part B : Applies only to YOU and YOUR travelling companions

B - SECTION 1 – Have YOU or any of YOUR travelling companions had a cancerous, cardio-vascular, cerebro-vascular, renal, psychiatric or mental condition?

YES **NO** If you ticked **YES**, please complete the section below:

NAME(S)	AGE/ DOB	CONDITION (S)	DETAILS OF MEDICATION AND DOSAGES	DATE OF ONSET	ADVISE HOW OFTEN CHECK-UPS ARE REQUIRED

B - SECTION 2 – Have YOU or any of YOUR travelling companions had any other medical condition which is under the supervision of a hospital or a consultant or doctor or has required any hospital admission or treatment in the last twelve months

YES **NO** If you ticked **YES**, please complete the section below.

NAME(S)	AGE/ DOB	CONDITION (S)	DETAILS OF MEDICATION AND DOSAGES	DATE OF ONSET	ADVISE HOW OFTEN CHECK-UPS ARE REQUIRED

B - SECTION 3 – Have YOU or any of YOUR travelling companions been taking continuous medication and have had any change in the medication or increase in dosage in the last twelve months resulting from a deterioration in the condition being treated?

YES **NO** If you ticked **YES**, please complete the section below.

NAME : _____
 DETAILS : _____

NAME : _____
 DETAILS : _____

B -SECTION 4 – Do YOU or any of YOUR travelling companions have any medical condition for which you are on a hospital waiting list or awaiting the results of test or investigations?

YES **NO** If you ticked **YES**, please complete the section below.

NAME : _____
 DETAILS : _____

NAME : _____
 DETAILS : _____

DECLARATION

I declare that all the information provided on this form and on any attachments is truthful to the best of my knowledge and belief and that no information has been withheld which may influence the insurer in his assessment of this risk. Furthermore, I declare that :

- Neither I nor any of my travelling companions will travel against the advice of a medical doctor
- Neither I nor any of my travelling companions have received a terminal prognosis
- If pregnant, the expected date of delivery is more than 8 weeks before the booked date of return home of myself or my travelling companions

Signed _____
Print Name _____
Date _____

Agent Stamp : _____
Contact Name : _____
Fax No : _____