

To be completed by the insured

Name			
Address			
			Postcode
Telephone No.			Date of Birth / /
Destination(s)			
Travel Dates	Departure Date / /	Return Date / /	Reason for Trip
	Have you ever had a request for travel insurance declined due to a medical condition?	Insert YES or NO <input type="checkbox"/>	Have you claimed for medical expenses during the last three years?
			Insert YES or NO <input type="checkbox"/>
Signed			Dated / /

To be completed by a general practitioner, hospital registrar or consultant

Patient's Name			
Nature of Illness/ Injury			
Please provide:			
Brief history of condition, date of onset, previous treatment, current medication and dosage			
Date of last Hospital/ Surgery appointment and frequency of visits			
Details of current symptoms and treatment			

To what extent does the condition affect normal life? Please tick as appropriate:

None Slight Moderate Severe

Have you discussed the proposed trip(s) with your patient? Insert YES or NO

Do you anticipate any significant problem or any exacerbation of the condition during the trip(s)? Insert YES or NO

If YES, would you assess the possibility as: (Please tick as appropriate)

Low Medium High

Please add any comments you feel are relevant

Signed Dated / /

Name in Capitals

Address

Postcode

Data Controller
For the purposes of the Data Protection Act 1998, the Data Controller in relation to any personal data you supply is Norwich Union Insurance Limited.

Sensitive Data
In order to assess the terms of the insurance contract or administer claims that arise, the insurer may need to collect data that the Data Protection Act 1998 defines as sensitive (such as medical history or criminal convictions). By proceeding with this application you will signify your consent to such information being processed by the insurer or its agents.

Surgery Stamp