

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

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.
Then send the form to the following address: medical.certificate@support.etraveli.com**