ACCEPT Försäkringar

Doctor's Certificate

To be completed and signed by physician.

Name of traveller: Birthday:

Name of patient
(if not the same as traveller) Birthday:

Travel cancellation for destination

Date of booking: Date of departure:

Place and date for exam / treatment on which this certificate is based:

Exam results and diagnosis:
ICD-10 code:

Is this a chronic illness, or one which the patient has suffered from previously?

- ○ Yes Indicate how long the patient has been symptom-free:
- ○ No

To be completed if the traveller is sick

- ○ I expressly advise the patient not to travel, since the patient's = traveller's condition is such that travel cannot be undertaken without harming the patient.
- ○ I do not advise against travel. The patient's = traveller's condition presents no obstacle to travel.

To be completed if next of kin is sick

- ○ The traveller as next of kin to the patient should not carry out the trip. This is because the patient's condition requires that special care be arranged for/provided by the traveller.
- ○ I do not advise against travel. The patient's = traveller's next of kin's condition does not need to hinder the traveller from engaging in travel.

Required completion

- ○ The illness is not acute
- ○ The illness is acute
- ○ Pregnancy (n b! does not pose an obstacle to travel).
- ○ None of the above apply:

Name: Title:

Office: Telephone:

Medical stamp:

Place: Date: Signature:

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