

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:

Place:

Date:

Signature:

Medical stamp: