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Pilgrimage Travel Insurance
Medical Declaration Form

We hope you are looking forward to your upcoming trip. If you have a medical condition and you are on prescribed medication, Section A and Section B of this Medical Declaration Form must be completed by you, and Section C must be completed by your GP. This form must be completed within 45 days of the trip start date otherwise your medical condition will be excluded. This form must accompany you on your trip. If there are any changes to your medical condition, prescribed medication, or if you receive or are awaiting any medical treatment, tests, or investigations after completing the form, you will need to have the form filled out again before your trip begins. You must give full and true answers to all questions on this form. Your cover could be invalid if you provide us with incorrect or incomplete information. Please complete the form in block capitals.

Note: If you have no medical conditions and you are not on prescribed medication, this Medical Declaration Form does not need to be completed.

Section A: Your Personal Details - To Be Completed By The Insured Person

Personal Details

Insured Title: Mr ☐ Mrs ☐ Ms ☐

Insured Name: _____

Address: _____

_____

Telephone: _____ DOB: _____

Occupation: _____

Email: _____

GP Name: _____

GP's Address: _____

_____

Trip Details

Dates of Trip: _____ From: _____ To: _____

Destination: _____

No. of Days: _____

Pilgrimage Travel Insurance Policy No.:

_____

YES INSURANCE.IE

Section B: Insured Declaration - To Be Completed By The Insured Person

1. I declare that I am not travelling against the advice of a medical practitioner and that I have consulted my regular GP concerning my medical conditions and the trip that I am planning to undertake. (If you have a medical condition, your GP must have signed Section C below)
2. I declare that my regular GP has declared that I am fit to travel and fully partake in the planned trip and that my medical records have been noted accordingly. (If you have a medical condition, your GP must have signed Section C below)
3. I declare that I am not travelling with the intention of having medical treatment abroad.
4. I declare that the above information is true and accurate and authorise the Underwriter/Insurer to approach my GP and obtain any information they may require from my medical records.
5. I declare that I have received and reviewed the Pilgrimage Travel Insurance policy documents, including the policy wording, Insurance Product Information Document, and certificate of Insurance. I understand and agree to the associated terms and conditions.

Signature: _____

PLEASE PRINT NAME HERE: _____ Date: _____

This Declaration Form MUST be submitted to White Horse Insurance Ireland dac or your claims handler in the event of a claim.

Completed By Your General Practitioner (GP) (45 Days Before Your Trip Start Date)

General Practitioner Use Only

Please **DO NOT** sign this form if, in your professional opinion, your patient may not be able to undertake the complete trip or if your patient is travelling with the intention of receiving medical treatment. Please consider that your patient may be travelling by Air and the impact that their travel arrangements may have where your patient has a condition such as COPD.

- I am the patient's general practitioner and at the time of signing, I know of no medical reason why my patient should not fly and partake in the intended trip. I confirm that the medical records of my patient have been noted accordingly.

Signature of GP: _____

PLEASE PRINT NAME HERE: _____ Date: _____

Under no circumstances should you back date this form.

THE PROVISION OF OR SIGNING THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF OUR LIABILITY UNDER THIS POLICY.

GP STAMP- Full Surgery Address including eircode/ postcode and Telephone Number(s):

Date