

## Supplementary sheet: Medical questionnaire (Europ Assistance trip cancellation insurance)

This questionnaire should be filled out by a doctor if the journey is cancelled due to sickness, accident or pregnancy.

Last and first name of the insured person: \_\_\_\_\_

Date of birth:  DD  MM  YY  YY

Last and first name of the patient: \_\_\_\_\_

Date of birth:  DD  MM  YY  YY

Diagnosis:

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When did the first symptoms become apparent?

Date:  DD  MM  YY  YY

When did the first treatment take place?

Date:  DD  MM  YY  YY

Was there an accident?

Yes

No

Date:  DD  MM  YY  YY

What treatment/medication was prescribed?

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Was the patient unable to work?  Yes  No Duration: \_\_\_\_\_

Was the patient capable of travelling at the time of booking?  Yes  No

When did the patient inform you of his/her travel plans?

Date:  DD  MM  YY  YY

When was the patient informed that he/she would be unable to travel?

Date:  DD  MM  YY  YY

Was hospitalisation required? If so, on what date?

Yes

No

Date:  DD  MM  YY  YY

Was surgery required? If so, on what date?

Yes

No

Date:  DD  MM  YY  YY

When was the patient informed of the surgery?

Date:  DD  MM  YY  YY

Was the patient pregnant? When was this established?

Yes

No

Date:  DD  MM  YY  YY

Were there any complications relating to the pregnancy?

Yes

No

How did these complications manifest themselves?

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Did a pathological condition already exist?  Yes  No

How was this expressed?

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When did the first treatment take place? Date:  DD  MM  YY  YY

When did the last treatment take place?

Date:  DD  MM  YY  YY

Important remarks relevant to the insurance claim:

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Place/date

Doctor's signature and stamp

Europ Assistance reserves the right to have its own medical service verify the information provided.

Please send this form to: Europ Assistance (Switzerland) Insurance Ltd,  
Medical Department, Avenue Perdtemps 23, P.O. Box 3200, CH-1260 Nyon 1