

TO BE COMPLETED BY A DOCTOR IF CANCELLATION IS DUE TO ILLNESS

According to the general conditions of cancellation insurance, the policyholder must release his or her doctor from medical confidentiality, or take all possible measures to ensure that the usual doctor of the person whose illness or severe accident caused the cancellation is released from medical confidentiality.

Please fill in the document in block letters.

Patient's name :

Has the change in his or her state of health made it impossible for the insured persons to travel :

☐ no ☐ yes from / / till / /

Cause : ☐ illness ☐ accident

The patient has been unfit to travel since : / /

Date of the diagnosis : / /

Is the patient allowed out : ☐ yes ☐ no from / / till / /

Detailed description of the symptoms or circumstances (accurate pathology) :

.....
.....
.....
.....
.....

Current treatment, medication and physiotherapy Details/dosage

..... from / / till / /

..... from / / till / /

..... from / / till / /

Medical examinations : date / /

..... date / /

..... date / /

Hospitalisation : ☐ no ☐ yes from / / till / /

Place of hospitalisation :

Ward :

Has the patient already suffered from the same condition before ? ☐ yes ☐ no

Date of the last episode : / /

Current treatment :

Has the condition been stabilised ? ☐ no ☐ yes since / /

In the event of complications during pregnancy :

Date of last menstrual period : / / Due date : / /

Date of first complication : / /

Type of complication :

Treatment :

Psychological, mental or nervous system illness :

Hospitalisation : ☐ no ☐ yes from / / till / /

Current treatment :

Former treatment (since / /):

Date of the first symptoms : / /

This document can be sent in an envelope marked
"confidential", to the attention of the department
Travel & Brokers, Touring NV/SA,
Koning Albert II laan 4 B12, B-1000 Brussels.

Doctor's stamp + DATE