

MEDICAL CERTIFICATE

Name of the traveller	Civil reg. no.
Booking no.	Date of departure
Date and place of first examination of the illness in question:	
Date of the examination on the basis of which this certificate is issued:	
Diagnosis / result of the examination:	

To be filled in by the physician - if the traveller is ill

	I advise against the patient travelling at all. Patient = The traveller's condition prevents him/her from travelling
	I do NOT advise against the patient travelling. Patient = The traveller's condition does not constitute any hindrance to travelling

To be filled in by the physician - if a close relative is ill *

Name of the relative	Relation to the relative	Civil reg. no. of the relative
	I advise against the patient travelling at all. Patient = the close relative's condition is serious and requires special care from the traveller.	
	I do NOT advise against the patient travelling. Patient = the close relative's condition does not constitute any hindrance to travelling.	

Always to be filled in by the physician

		Accident that has happened after the time of booking		The illness is acute
The illness was known prior to the time of booking				
	Yes, date/year of the diagnosis:			No
The patient has been symptom-free for at least six months prior to the time of booking				Yes No

To be filled in by the physician	Stamp and signature of the physician
Place/date	
Signature	
Name in block letters	
Place of work	
Telephone	

* Close relatives are spouse, children, grandchildren, siblings, parents, grandparents, parents-in-law or person living together with the traveller in a relationship similar to marriage.