

Travel Insurance Risk Assessment Form

A pre-existing medical condition is defined in our travel policy wording as follows:

"A pre-existing medical condition means any physical defect, infirmity, existing or recurring illness, injury or disability of which you are aware or for which you have had or received a medical examination, consultation, treatment, investigation and/or medication in the 12 months prior to the date your policy is issued."

Important note:

If cover is provided for any pre-existing medical conditions which you suffer, an additional premium charge may be required. Where this is the case you will be advised as part of your application for insurance whether the insurance is accepted; accepted with an additional premium loading; or the application is denied.

First Name

Surname

Date of Birth

DAY / MONTH / YEAR

Gender

Male

☐

Female

☐

Address

STREET NO AND NAME OR PO BOX

SUBURB

CITY

POST CODE

Phone number

Agent/Insurance Broker

Travel Insurance Policy No.

Main Destination

Departure Date

DAY / MONTH / YEAR

Duration

Purpose of Travel

Holiday

☐

Visit Family/Friends

☐

Organised Tour

☐

Cruise

☐

Other

Height (cm)

Weight (kg)

General Practitioner

Name of Practice

Phone Number

Please answer the following questions relating to any medical treatment you have received recently to enable us to assess your application further:

Q1 Please list all medical conditions, physical defects, infirmities, existing or recurring illnesses, injuries or disabilities you are currently aware of or being treated for?

Q2 Please list the names of all the medications that are prescribed by a doctor that you are taking:

Drug	Dose

Q3 Has your medication or treatment changed in the last 12 months?

Q4 Have you been seen by your general practitioner in the last 6 months? If so please provide the reason for this visit and the outcome?

Q5 Are you under specialist care for any conditions?

Q6 Do you have any conditions under review where a medical diagnosis has not yet been determined?

Q7 Are you waiting for the results of any tests?

Q8 Are you on a waiting list for surgery or treatment, or are you waiting to see a specialist?

Q9 Has your doctor confirmed that you are fit to travel without needing any special care or assistance for this journey?

Q10 Please advise any other details we should be aware of when assessing your insurance application?

Once we or our medical staff has received this application you or your doctor may be contacted for further information relating to your medical condition/s. Signing this declaration hereby gives your consent for Comprehensive Travel Insurance or their agents to contact your doctor and authorises your doctor to release details relevant to this application for travel insurance.

Signature

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Date

DAY / MONTH / YEAR

Please post or email this form

Agent / Brokers Name

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Email Address

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