



MEDICAL CERTIFICATE IN CASE OF TRIP CANCELLATION

Send in with claim form:

American Express Claims Management c/o Solid Försäkrings AB

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To be completed and signed by the doctor

1. Patient Information

Name of traveler:		Social security number:
Name of patient if different from traveler:		Social security number:
Cancellation concerns trip to:	Booking date:	Date of departure:

2. Symptoms and diagnosis

When did the symptoms causing the cancellation arise (date):	
When was the first consultation (date):	Health care institution:
State diagnosis:	
State treatment prescribed:	
Has the condition required hospitalization or prescribed bed rest: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, between what dates:
Has the patient had similar trouble previously: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, between what dates: _____ Did you treat the patient on this occasion: <input type="checkbox"/> Yes <input type="checkbox"/> No	
To be completed in case of chronic disease:	
Is the reason for the appointment a sudden acute deterioration of the condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when was the patient diagnosed with this disease (date):	
If yes, when did the acute deterioration occur (date): _____	

3. Check the appropriate boxes

To be completed when the traveler is ill:	
<input type="checkbox"/> I firmly advise against the travel as the condition of the patient = traveler is such that traveling cannot be carried out without risking injury	
<input type="checkbox"/> I do not advise against travel. The condition of the patient = traveler does not pose an obstacle to traveling.	

To be completed when next of kin is ill:

- ☐ I do not advice against travel.The condition of the patient = next of kin does not pose an obstacle to the traveler carrying out the trip
- ☐ The traveler, who is the patient's next of kin, should not carry out the trip, as the patient's condition is severe
- ☐ The traveler, who is the patient's next of kin, should not carry out the trip
- ☐ The condition of the patients' is such that it requires special care through the traveler

To be completed in every case

- ☐ The condition is acute
- ☐ The patient's condition is chronic and was known at the time of booking.
- ☐ The patient had been free from symptoms for _____ months prior to the booking
- ☐ None of the above is applicable because:

4. Doctor's signature

Date and place:

Signature:

Clarification of signature:

Place of work:

Phone number:

6. Doctor's stamp