

## Medical self declaration form 2009 v1.1

Please answer all questions fully and completely and fax or post to:  
**CanadaSure, 11a Forge Business Centre, Upper Rose Lane, Palgrave, Diss, Norfolk, IP22 1AP**  
**Fax + 44 (0) 1379 652794**

- Please refer to the exclusions and conditions relating to All Sections of this insurance, which apply to you, your travelling companions and a close relative or the person with whom you intend to stay upon whose state of health your decision to cancel or curtail your trip would depend
- If you think any of these exclusions or conditions apply, you must complete both sides of this form and send it to us prior to purchasing the insurance
- It is a condition of this insurance that you advise us of all material facts, which might influence us in the issue of this insurance to you
- If necessary, please continue on a separate sheet

PREVIOUS OR PRIOR INSURANCE			
Have you been declined travel cover elsewhere or had Special Terms imposed?	YES		NO
If YES, please give details			

YOUR CURRENT DETAILS			
Full name			
Address			
		Postcode	
Email		Fax	
Daytime phone		Mobile phone	
Date of birth		Height	Weight

YOUR TRAVEL ARRANGEMENTS			
Date of travel		Occupation in Canada during cover period	
Countries to be visited enroute to Canada			
Details of planned high risk activities (eg skiing, scuba diving, white water rafting, etc)			

**PART A - applies to those not travelling with you or those with whom you intend to stay**

**PART B (overleaf) - applies to you and your travelling companions. Where necessary a separate form should be completed by each individual person with a pre-existing medical condition**

**PART A: Applies only to those not travelling with you** (eg close relative) upon whose state of health your decision to cancel or curtail your trip would depend. If the person concerned has received a terminal prognosis no cover will be provided by the Insurer in respect of Cancellation or Curtailment of the Journey.

NAME AND RELATIONSHIP	AGE	SPECIFY ALL MEDICAL CONDITIONS	DATE OF ONSET	MEDICATION AND DOSAGE	ANY TREATMENT OR HOSPITAL ADMISSION IN THE PAST 12 MONTHS

Is this person or any other person awaiting hospital treatment or investigation?	YES		NO	
If YES, please give brief details				
If there are no medical conditions applying to anyone not travelling with you or with whom you intend to stay, write NO in this box				

**PART B: Applies only to you**

<b>SECTION 1:</b>	Have you had a cancerous, cardio-vascular, cerebro-vascular, renal, psychiatric or mental condition?			
YES	please complete the section below	NO	please move to SECTION 2	

NAME(S)	CONDITION (S)	MEDICATION AND DOSAGE	DATE OF ONSET (dd/mm/yy)

If you or anyone to be covered by your insurance has suffered from a heart condition please provide us with the last 3 blood pressure readings :

NAME	DATE	BP READING

<b>SECTION 2:</b>	Have you had any other medical condition, which is under the supervision of a hospital or a consultant or doctor or has required any hospital admission or treatment in the last twelve months?			
YES	please complete the section below	NO	please move to SECTION 3	

NAME(S)	CONDITION(S)	MEDICATION AND DOSAGE	DATE OF ONSET (dd/mm/yy)

<b>SECTION 3:</b>	Have you been taking continuous medication and have had any change in the medication or increase in dosage in the last twelve months resulting from a deterioration in the condition being treated?			
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YES	please complete the section below	NO	please move to SECTION 4	
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NAME :	
DETAILS :	

NAME :	
DETAILS :	

<b>SECTION 4:</b>	Do you have any medical condition for which you are on a hospital waiting list or awaiting the results of test or investigations?			
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YES	please complete the section below	NO	please move to DECLARATION	
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NAME :	
DETAILS :	

NAME :	
DETAILS :	

## DECLARATION:

I declare that all the information provided on this form and on any attachments is truthful to the best of my knowledge and belief and that no information has been withheld which may influence the insurer in his assessment of this risk. Furthermore, I declare that:

- Neither I nor any of my travelling companions will travel against the advice of a medical doctor
- Neither I nor any of my travelling companions have received a terminal prognosis.

Signed	
Print Name	
Date	

Signed	
Print Name	
Date	