

Fit For Travel Medical Certificate

TO: Insurance Wholesale Limited
 acting as agent for the Underwriters under Lloyds Binding Authority Number A11379CAA.
 (collectively "the Insurer".



PART A - Required Information

Traveller Full Name			
Traveller Personal Details	Date of Birth		Age at date of examination
	Sex		
Traveller Contact Details	Country of Residence		
	Mobile #		
	Email address		
Booking Status	If booking made, enter booking reference and attach booking		
	If planned but no bookings, attach planned itinerary and enter principal form of travel and destination - e.g. cruise ship/Caribbean or flight/London in this box		
Attending Physician			

PART B - Special Requirements for Traveller

Physician's notes on any special requirements for the traveller	
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PART C - Traveller & Physician Confirmations

Traveller Authorisation	I authorise Rotary Oceania (ROZops Limited) to provide this Certificate and the required attachments to the Insurers and authorise any enquiries.
Traveller's Confirmations	I accept that any costs associated with verifying this Certificate are payable by me.
Travellers Declaration	I confirm and declare that: <ol style="list-style-type: none"> 1. the information provided by me is true and correct 2. that any change in circumstances up to commencement of travel must be reported to the Insurers and, if the basis of this Fit For Travel Certificate is no longer valid, my claims are limited to cancellation and that any cover will cease for the intended travel 3. that if the travel commencement is not within 60 days of this Certificate, I will be required to provide an updated Certificate with the 14 days period prior to commencement of travel.
Signed and Dated by the Traveller	
Physician's Confirmation	I confirm that: <ol style="list-style-type: none"> 1. I am registered medical practitioner and that the traveller is my patient 2. that in my opinion, given the medical history of the traveller, the traveller is fit for travel as intended in the next 60 days 3. that the PART A - Required Information (including attachments) has been supplied to me and that I have completed PART B noting any special requirements for the traveller including any requirements for a further Certificate if travel is not commenced within 60 days.
Signed and Dated by the Physician	