

**PLEASE ARRANGE FOR THE NAMED INSURED PERSON (OR NEXT OF KIN) TO COMPLETE
AND SIGN THIS FORM AND RETURN IT TO US**



Direct Tel: Tel
Direct Fax: Fax
Assistance@CegaGroup.com

For the attention of:	Cega Case Ref:
Patient Name:	Date of Birth:

Please complete the following questionnaire and sign where indicated. If you answer 'yes' to any question, please provide full details in the relevant boxes provided.

Date this trip was booked?			
Height:		Weight:	

Question	Yes	No	Details if 'Yes'
Have you suffered this current problem, or anything similar, in the past?			
Have you been an inpatient in hospital in the last 24 months?			
Are you a smoker or ex-smoker? (if ex-smoker, when did you give up?)			
Do you suffer from any allergies?			

*****Prior to this trip...*****

Questions	Yes	No	Details if 'Yes'
Could you walk 200 yards without shortness of breath?			
Were you awaiting any hospital appointments, investigations or treatment?			
Had any Doctor told you that you should not travel?			
Were you on any medication in last 24 months? (if you have ticked YES you must provide details of the problem in the below question)			
Have You suffered any medical problems in the last 24 months? Please indicate any longstanding or ongoing problems and any for which you are on medication.			

Declaration

I hereby confirm that the answers given to the questions above are true and correct to the best of my knowledge and belief. I agree that in the event that any answers are incorrect, the Insurance Company reserve the right to seek reimbursement from me for all costs incurred in relation to any claim on this insurance policy.

**PLEASE ARRANGE FOR THE NAMED INSURED PERSON (OR NEXT OF KIN) TO COMPLETE
AND SIGN THIS FORM AND RETURN IT TO US**



I consent that CEGA Group may:	Yes	No
Process and transfer my Confidential Medical Information, including Special Category Data in order to administer and handle my claim including medical assistance; and		
That my data may be sent to a country outside the EEA whose data protection laws are not as strong as the UK. In such circumstances CEGA Group will use its reasonable endeavours to safeguard my data.		

Patient / Next of Kin Signature		Date
---------------------------------	--	------