

FSMA 067380 A

This form needs to be filled in at the request of the policyholder by the doctor in attendance!

Touropérateur _____ PO/file number _____

Travel organisation _____ File number Protections _____

Policyholder Name & first name _____

Patient Name & first name _____

Date of birth | |

Relation to the policyholder _____

1. Detailed description of your diagnosis _____

2. At what time did the patient first apply for treatment | |

3. Kind of treatment _____

4. Kind of medication _____

5. Duration and frequency of treatment and medication _____

6. Date of the last consultation | |

Reason _____

7. At which point in time was the planned trip advised against? | |

Why? _____

8. Must the activities be interrupted? NO YES, from | | until | |

9. Is leaving the house permitted? YES NO, from | | until | |

10. Did the patient receive any earlier treatment for this complaint? NO YES, from | | until | |

11. Does this concern a renewed attack? NO YES, from | | until | |

12. Was (is) it necessary to hospitalize the patient? NO YES, from | | until | |

13. Antecedents?

Medical _____

Surgical _____

14. In case of pregnancy: what is the normal delivery date? | |

15. Other clarifications _____

Date | |

Stamp

Signature

Please send this questionnaire to PROTECTIONS, in a closed and confidential envelope,
attn. Mr. Doctor-advisor, Sleutelplas 6, 1700 Dilbeek, Belgium.