

Quote #:

# Traveller's Medical Appraisal Form



To be completed by each applicant. When complete send ALL pages of this form to:  
Fax 0800 154 654 or scan/email travel.emc@qbe.com

This form is an editable pdf and can be completed on screen. Save as new version and email to the address above.

Please ensure that the Quote Number is on this form.

In most cases if you answer the questions fully and accurately we will be able to process your application for travel insurance on the information supplied. In certain circumstances we may ask you to have our Doctor's Certificate completed by your usual Medical Practitioner before cover can be fully assessed.

## Travel Agent's Details

Agency Name  Consultant   
Address   
Phone  Fax  Email

## Applicant's Details

Full Name  Title  Date of birth   
Is the applicant travelling as a dependent child?  Yes  No  
Height  Weight   Male  Female  
Phone (Home)  or Phone (Mobile)  Phone (Work)   
Email   
Have you applied for travel insurance with QBE within the last 3 years?  Yes  No  
Travel Dates  to  Trip Value \$   
Please advise all countries you intend visiting during your trip   
 Flights (6+ hours)  Cruises  Snow Sports  Trekking

## General Health Questions

Do you require an aid to walk 50 metres?  Yes  No  
Do you require a wheelchair for the trip?  Yes  No  
Are you currently a smoker?  Yes  No  
If you have quit smoking, how many years since you last smoked?   
Do you need oxygen, CPAP or have any other special travel requirements?  Yes  No  
If yes to any of the above please give details:   
Have you been hospitalised in the past 3 years for any reason?  Yes  No  
Date and details including treatment   
Have you:  
Suffered from any form of heart condition?  Yes  No  
Suffered from any vascular condition, stroke or TIA?  Yes  No  
Suffered from any form of cancer or malignancy?  Yes  No  
Suffered from any respiratory conditions (including asthma)?  Yes  No  
Suffered from any psychiatric conditions including stress, anxiety, depression or any other mental condition?  Yes  No  
Are you:  
Travelling to obtain medical treatment?  Yes  No  
Suffering from a terminal condition or registered with palliative care?  Yes  No  
Suffering from metastatic cancer or secondaries?  Yes  No

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## General Health Questions (continued)

- Awaiting any medical tests/investigations or treatment?  Yes  No
- Suffering from any other medical condition?  Yes  No
- Pregnant?  Yes  No

## A. Heart Conditions

What is the heart condition?

If you have been referred to a specialist for this condition how often are you seen.

If you have had any tests, eg radiology or pathology for this condition in the past 2 years please give details and results if known.

Please give details, including dates of any of the following: Bypass surgery, angioplasty or stenting, valve replacements or any other corrective heart surgery.

Please give details, including dates of any of the following: Heart attack, heart failure, cardiomyopathy, ventricular failure or valve disease.

Please give details of any proposed surgery, tests or treatment.

Please give a brief history of the condition and how it affects you.

What is your treatment?  
Please include all medications you are currently taking.

## B. Vascular Conditions

What is the vascular condition?

If you have been referred to a specialist for this condition how often are you seen.

If you have had any tests, eg radiology, angiograms or pathology for this condition in the past 2 years please give details and results if known.

Please give details, including dates of carotid artery surgery, angioplasty, stenting or any other corrective surgery.

Please give details, including dates including the dates of stroke, TIA (Transient Ischemic Attack), Peripheral Vascular Disease or Aneurysm, Pulmonary Embolus, Deep Vein Thrombosis (clot).

Please give details of any claudication (pains in the legs due to vascular disease) or lower limb ulcers.

Please give details of any proposed surgery, tests or treatment.

Dates and details of hospitalisation for vascular condition.

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### B. Vascular Conditions (continued)

Please give a brief history of the condition and how it affects you.

What is your treatment?  
Please include all medications you are currently taking.

### C. Respiratory Condition

What is the respiratory condition?

If you have been referred to a specialist for this condition how often are you seen.

If you have had any tests, eg radiology or pathology for this condition in the past 2 years please give details and results if known.

Please give details of bronchitis or chest infections that occur with asthma.

How often and when did you last require antibiotics?

Please give details of how often and when did you last require cortisone (prednisolone).

Please give details of any proposed surgery, tests or treatment.

Please give a brief history of the condition and how it affects you.

What is your treatment?  
Please include all medications you are currently taking.

### D. Pregnancy

Are you currently pregnant?

Yes  No

Due date

How many weeks will you be when you travel?

 weeks

Was the pregnancy assisted by artificial reproductive techniques, eg IVF?

Yes  No

If yes to the previous question, please give details.

Please give details if you have had previous miscarriages.

Please give details if you have suffered any pregnancy related complications either in this or in previous pregnancies.

Please give details of any special recommendations made by your doctor in regard to this trip.

### E. Cancer

What is the condition?

If you have been referred to a specialist for this condition how often are you seen.

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### E. Cancer (continued)

If you have had any tests, eg radiology or pathology for this condition in the past 2 years please give details and results if known.

Please give details of any proposed surgery, tests or treatment.

Please give a brief history of the condition and how it affects you.

What is your treatment?  
Please include all medications you are currently taking.

### F. Other Medical Condition

What is the condition?

If you have been referred to a specialist for this condition how often are you seen.

If you have had any tests, eg radiology or pathology for this condition in the past 2 years please give details and results if known.

Please give details of any proposed surgery, tests or treatment.

Please give a brief history of the condition and how it affects you.

What is your treatment?  
Please include all medications you are currently taking.

### G. Undiagnosed or Suspected Condition(s)

Please give details of any tests, investigations, doctors visits or referrals to specialists.

Please give details if any of these tests, investigations, doctors visits or referrals have been completed.

Please give details if you know the results.

Please give details if you have been told the purpose of the tests, investigations, doctors visits or referrals to specialists.

What possible diagnosis has the doctor told you could be the outcome of the above investigations etc?

### Declaration

I have read and retained a copy of the Policy Wording. I consent to the collection, use and disclosure of my health information for the purposes outlined in the Privacy section of the Policy Wording. I agree that I will not be covered for any Existing Medical Condition unless the insurance company has agreed to insure those conditions. I agree that cover will not include replacement medication or maintaining a course of treatment commenced before the trip. I understand that should cover be given for any Existing Medical Condition, it will be for UNEXPECTED TREATMENT ONLY. I declare the answers given are true and accurate, and I consent to my doctor/medical provider releasing my medical history to QBE Insurance (Australia) Limited ABN 78 003 191 035 - Incorporated in Australia. I understand that should my health change prior to the journey commencing, I must inform the company who may impose special terms and conditions.

Signature

Date

(The signatory must be 18 years of age or over and is authorised to sign on behalf of all named persons.)

Save

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