

Travel Insurance – Health Questionnaire & Medical History Authorisation

PART I – To be Completed by Medical Doctor

Name & Surname of Proposer: _____

ID Card No. _____ Date of Birth: _____

This is to confirm that the above person has been under my care for _____ years.

I also confirm that the above person [does not suffer / suffers from] the following conditions;

This person [is not under any medication / is under the following medication];

Consequently, I consider the this person is; Fit to travel Not fit to travel

Signature and stamp of Doctor _____ Date: _____

PART II – To be Completed by the Proposer

I, _____ holder of I.D. Card Number _____ do hereby authorise any representative of Lloyd's Insurance Company S.A. through Mediterranean Insurance Brokers (Malta) Ltd to view any hospital records and make all necessary investigations and enquiries regarding any medical condition **ONLY in the event of a claim being lodged under my travel insurance policy.**

I have no objections that these representatives have access to any medical information that may enable them to consider my claim.

Signature and Proposer _____ Date: _____



Covering your world, the world over.

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