

Medical Questionary for:

Policy no.:

Questions concerning the event

1. Date of the first treatment in connection with this event: _____ Time: _____
2. Please specify the exact diagnosis (no abbreviations):

3. Have there been any further treatments or follow-up consultations? yes no
4. When did the patient fall ill/have the accident? _____ Date: _____
5. Were these disorders previously treated? yes no
If yes, exact dates: _____
6. Anamnesis:

7. Did an unforeseeable severe deterioration occur? yes no
If yes, when? _____
8. Was the patient unable to work? yes no
If yes, from: _____ until: _____
9. Was the patient hospitalized? yes no
If yes, from when until when? (Please send a copy of the discharge report) _____
10. Was there a need to perform surgery? yes no
If yes, surgery date: _____
11. When exactly was the surgery date arranged? _____ Date: _____

Questions concerning the ability to travel

12. How was the patients state of health at the time of booking?
Please specify:

13. When was recognized for the first time that the journey could not be undertaken due to the state of health?
Exact date: _____
Reason: _____

14. Did the patient inform you about his/her travel plans? yes no
If yes, exact date: _____
15. From which date on did you consider the patient to be fit to travel again? _____ Exact date: _____

Further remarks

Place and date

Stamp and signature