

Medical certificate



Please text clearly

Name of the traveler _____ ID Number _____

The certificate is intended to travel to _____ Booking number _____

Booking date _____ Departure date _____

Always fill in by your doctor

Date and place of first examination of the disease in question _____

The date of the investigation which is the basis for the issue thereof _____

Diagnostic code according to ICD-10 (Main diagnosis) at least three positions _____

Fill in when the traveler is ill

- ☐ I advise against travel altogether. The patient's = traveler's condition constitutes an obstacle to travel.
- ☐ I do not advise against travel. The patient's = traveler's condition does not constitute any obstacle to travel.

Filled when next of kin * is sick

Name of relative	Relationship with relatives	Personal identity number of relatives
<input type="text"/>	<input type="text"/>	<input type="text"/>

- ☐ I advise against travel altogether.
The patient's = next of kin * to the traveler's condition is serious and needs special care from the traveler.
- ☐ I do not advise against travel.
The patient's = close relatives * to the traveler's condition do not constitute any obstacle for the traveler to travel.

Always fill in by your doctor

- ☐ Accidents that occurred after the booking. ☐ The disease is acute.

Was the disease known before the booking date?

- ☐ Yes, date / year for diagnosis: ☐ No

The patient has been symptom-free six months before the date of booking

- ☐ Yes ☐ No

To be completed by a doctor

Place and date _____

Signature _____

Printed name _____

Workplace _____

Phone _____

Medical stamp / copy of medical ID:

*Close relatives include spouse, children, grandchildren, siblings, parents, grandparents, Parents in Law, person whom the patient lives with during marital cohabitation.