

MEDICAL SCREENING DECLARATION

For clients **AGED 80 or above** at time of commencement of the policy, please read following statement:

We can offer you a policy; **however** there will be **NO COVER** for any claims arising directly or indirectly from **ANY** Pre-existing Medical Condition.

Please can you confirm that you understand and accept to proceed with the policy with the above terms?

Signed Date

For clients **AGED 79 or Under** at time of commencement of the policy, please read following statement:

Does anyone to be insured have;

- Any Medical Condition that has been diagnosed or where the initial onset of symptoms has occurred within the **last 3 months**; or has required any change in medication including **ANY** increase in dose **OR** medication within the **last 3 months**.
- Any Medical Condition for which **ANY** surgery or other form of treatment (*other than ongoing prescribed medication*) has been carried out **OR** required within the last 3 months.
- Any heart condition including (*but not limited to*) angina, heart attacks, arrhythmia, palpitations, heart failure, heart enlargement etc..., unless you **ONLY** have a heart murmur which requires no form of treatment or ongoing monitoring.
- Any cerebrovascular conditions including (*but not limited to*) strokes, brain haemorrhages, aneurysms, growths or tumours.
- Any respiratory conditions for which You have required oxygen, the use of a nebuliser, pancreatic enzymes, hospital referral or admission within **the last 12 months**.
- Any diagnosis, treatment or procedure for cancer or any malignant disease within the **last 12 months**.
- Any Medical Condition or procedure that has resulted in hospitalisation as an inpatient **within the last 6 months** or for which You are under review by, or under the care of, a hospital consultant.
- Any Medical Condition or procedure for which You are on a waiting list for surgery.
- Any Medical Condition for which You have received a terminal prognosis.
- undergone (as a recipient) an organ transplant or are awaiting an organ transplant.
- require renal dialysis.
- Any Medical Condition that has resulted in any seizure, convulsion, fit or blackout/loss of consciousness **within the last 3 months**.

If you Answer **YES** to **ANY** of the above questions, We can offer you a policy; however there will be **NO COVER** for **ANY** claims arising directly or indirectly from **ANY** Pre-existing Medical Condition(s).

If you Answer **NO** to **ALL** of the above questions, as you **ONLY** have a Medical Condition(s) that falls **outside** of the above criteria, then you will be **fully covered** for this/these on the travel insurance policy.

Please can you confirm that you understand and accept to proceed with the policy with the above terms?

Signed Date

If you have any questions, please contact us on the telephone shown on your letter.