



GRAND TRIP SWEDEN

Medical certificate

Customer name _____
Patients name _____
Booking date _____
Travel date _____
Identification number _____
Telephone number _____
Cancellation date _____
Booking reference _____

Place and date for examination / treatment

Diagnosis / result from examination

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- I advise against travel, the patient's condition constitutes a risk for the patient's health if they travel. / The relative should not travel.
 - The patient illness is chronic and was known at the time of booking. The condition of the illness has changed and developed in a way that was impossible to foresee. I therefore at this point advise against patient/relatives travel.
 - Pregnancy (no reason not to travel)
 - I do not advise against travel. The patients condition does not justify for a cancellation of the trip / relatives trip.
 - None of the above alternative suits this patient – please explanation below:

Stamp from hospital Date

Titel
Name of office
Telephone number

Signature _____

Name _____