

Doctors certificate

Shall be sent to the appropriate travelagency to be handled in confidential

The trip was cancelled the/..... (to be filled in by the traveler)

Bookingnumber (to be filled in by the traveler)

Travelers name

Phone Work Home date of birth

The patients name if not the same as the traveller

The cancellation refers to the trip to Check in date Check out date

Place and date for the first examination/treatment for the current disease

Place and date for the first examination/treatment current for the issue of this certificate

Identification

Results and the diagnosis

Please sign in the appropriate box

To be filled in when the traveler is ill:

I strongly advice the patient not to travel=the travellers condition means that this can not be done without consequences for the patient..

I do not advice from travelling. = The patient/travellers condition is at no threat and does not prevent the trip.

To be filled in when a family member is sick:

I do not advice from travelling. = The family member to the traveller condition is at no threat and does not prevent the trip.

The traveller, who is a close family member to the patient should not travel. This because the patients condition is critical.

The traveller, who is a close family member to the patient should not travel. This because the patients condition needs special care from the traveller..

always to be filled in:

the illness is critical.

The patients illness is chronic, it was known at the time of booking and then posted no treath to the trip. The condition has now deteriorated in a way that at the time of booking was not possible to predict / possible predicting (highlite the correct alternative) .

Pregnancy (posts no threat for the trip).

Non of the above applies.

.....the/ 20.....

Signature Title

Workplace Phone number

Sembo- a travelagency in the Stena Line Travel Group