

Medical Declaration Form for Pre-existing Medical Conditions Cover and for Travellers 76 Years & Over

Aussietravelcover Travel Insurance is one of the most comprehensive available to you as a traveller. We attempt to make our cover available to all but this is not always possible. In particular, we cannot always insure a traveller who is already suffering from an illness (a known pre-existing medical condition) defined as:

- (a) an ongoing medical or dental condition or related complication you have, the symptoms of which you are aware of or that has been investigated by a medical adviser or a chiropractor, physiotherapist, naturopath, osteopath or specialist and is a documented medical abnormality; OR
- (b) a medical or dental condition for which advice, treatment or medication has been prescribed by one of the people listed in this definition, within 90 days before your cover began; OR
- (c) pregnancy.

For the following conditions ONLY you do not need to complete this form if you are under 76 years:

HYPERTENSION - If no known heart conditions and current BP is lower than 165/95.

HYPERCHOLESTEROLAEMIA - If no known heart condition exists.

HYPERLIPIDAEMIA - If no known heart condition exists.

DIET CONTROLLED DIABETES - If diagnosed over 12 months ago and no complications in the last 12 months. Blood sugar reading must be between 4 & 10 at the last reading within 30 days of policy purchase.

MENOPAUSE (HRT) - If not suffering Osteoporosis.

There are some pre-existing medical conditions we cannot cover, such as:

- where a terminal or malignant prognosis has been given;
- a sexually transmitted disease or virus;
- AIDS (Acquired Immune Deficiency Syndrome) or an AIDS related condition;
- an addiction to alcohol or drugs;
- a Mental or Nervous disorder;
- Depression or Anxiety.

Nor can we provide cover for:

- replenishment of any medication presently being used;
- maintenance of any form of treatment commenced prior to your journey;
- pregnancy beyond the 26th week;
- childbirth, or any expenses for, associated with or consequent from the birth of a child;
- your travelling against medical advice or for the purpose of obtaining medical advice;

- known Pre-existing medical conditions which have not been covered under your travel policy;
- extension of cover for any Pre-existing medical condition.

In order for us to determine what cover we can offer in these circumstances, we need to know the exact nature of your Pre-existing condition. Completion of these forms will give us the information we need in order to make our assessment.

The procedures below will apply for any travellers requiring cover as a result of the following categories:

- (a) If you answer "yes" to do you wish to apply for cover for nominated pre-existing medical conditions on the front of the application form;
- (b) You are aged 76 years or over.

Procedures:

1. Traveller to complete Part 1 and Part 2 of this Application and treating Doctor to complete Part 3.
2. Worldcare will advise terms of acceptance within 48 hours and the applicable premium. A confirmation letter will be faxed with an authorisation reference number. We have the right to accept or decline cover or offer altered terms and conditions to the policy.
3. When completing the Certificate of Insurance, the agent will endorse the authorisation number on the insurance certificate issued.
4. If your application for Super Plus Annual Cover is accepted then for subsequent journeys you will be advised if further assessment(s) are required for the accepted conditions. You must apply for cover for new conditions occurring before your next journey.

Privacy Policy

The information you provide is used solely for the purpose of assessing your request for Travel Insurance in respect of your known medical conditions. This information may be disclosed to medical practitioners, hospitals or international assistance providers in the course of determining any claims you may have should we agree to insure you. Should you wish to know more about our Privacy Policy, please contact our Customer Service Help Line.



Note: The completion and acceptance of this Application must be understood to be in conjunction with all the conditions and exclusions of the policy.

ETI Australia Pty Ltd ABN 52 097 227 177 trading as Worldcare
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— a company of the  **MONDIAL ASSISTANCE** group —

PLEASE COMPLETE THIS FORM IN BLACK INK

Consultant

Phone

Fax

1. PERSONAL DETAILS

Mr/Mrs/Miss _____
 Address _____
 State _____ Postcode _____
 Phone (H) _____ (W) _____
 Occupation _____
 Height _____ Weight _____ Date of Birth / / _____

2. TRAVELLERS DECLARATION

- Has the travel been booked or undertaken against medical advice? Y N
If "YES", please provide details _____
- Has the travel been booked or undertaken with the intention of undertaking particular medical treatment or advice while overseas? Y N
If "YES", please provide details _____
- Have you been hospitalised or attended an Emergency Department in the past 12 months? Y N
If "YES", why? _____ Date / / _____
Treating Doctor? _____
- List details of your visits to your regular local doctor/specialist over the last 12 months:
Please include visits to your physiotherapist or chiropractor

(a) Reason	Date / /
(b) Reason	Date / /
(c) Reason	Date / /
(d) Reason	Date / /
- What treatment, advice for treatment or medication have you had within the last 12 months? _____
- Have you been refused travel insurance based on medical grounds? Y N
If "YES", please provide details _____
- Have you previously submitted a claim in respect of your medical condition(s) whilst overseas? Y N
If "YES", please provide details _____
- Are you aware of any other circumstances which may affect your application? Y N
If "YES", please provide details _____

All answers given herewith are true, correct and complete. I have not withheld any information likely to affect the terms of acceptance of this application for cover. I hereby authorise any Doctor, Hospital, Clinic or other person to give Worldcare any and all information concerning my current and past medical history. A photocopy or facsimile copy of this authorisation shall be valid as the original.

Signature _____ Date / / _____

Note: The cover applied for will not commence until your application has been accepted and notice in writing, with an authorisation number, given by Worldcare.

No. of Countries to be visited _____ Please list _____

Travel Dates From / / To / /

Mode of Travel: Airplane Car Coach Train
 Are you intending to Ski, Trek or Mountain Climb? Y N
 Cover requested: Super Plus Super Plus Annual Super
 Budget Standard Economy Domestic

3. MEDICAL PRACTITIONERS DECLARATION

- Are you the patient's usual Medical Practitioner? Y N
If so for how long? _____
- Are you well versed with the patient's medical history and state of health? Y N
- List the nature and extent of "Existing Medical Condition/s" in the last 12 months.

Condition	Date 1st consulted / /
Medication	Last date consulted / /
Condition	Date 1st consulted / /
Medication	Last date consulted / /
Condition	Date 1st consulted / /
Medication	Last date consulted / /
- What other medication/treatment has this patient received in the last 12 months? (eg. physiotherapy) _____
- Has your patient previously suffered from:
 - Hypertension? Y N If yes, last reading _____
 - Angina? Y N Stable Unstable
Last attack / / Frequency of attacks _____
 - Diabetes? Y N Stable Unstable
 - Respiratory condition eg. Asthma, Bronchitis?
 Y N Stable Unstable
 - Any other chronic conditions or disease?
 Y N Stable Unstable

Details _____

- In your opinion, is your patient fit to undertake the proposed journey in Part I without requiring any additional medical attention in connection with any conditions currently under treatment? Y N
- Have you provided a medical referral to any overseas medical practitioner or hospital and why? _____

- Is your patient suffering from a terminal or malignant condition? Y N
- Are there any other comments/details you wish to add? Y N

Details _____

Name _____
 Signature _____
 Address _____
 Qualifications _____
 Phone _____ Fax _____