

MEDICAL FILE

Patient's Name and Surname:

Destination:

Date of birth:/...../.....

Departure date :/...../.....

Return date :..... /..... /.....

To be completed by the Doctor and given back to the Patient

1- Does the patient is suffering to an illness that requires an aftercare or a treatment? Yes No

2- What kind of ailment exactly does your patient is suffering?

3- What is the exact date of the discovery of the illness?/...../.....

4- Which treatment was prescribed?

5- Are there any associated pathologies? Yes No

6- Did the patient consult another Doctor before for the same illness? Yes No

If Yes, on which date?/...../.....

7- Does the trip planned by your patient is contraindicated for destination and all the trip indicated in reference? Yes No

8- Are the illness carry a risk of suddent aggravation and imminent for destination and all the trip indicated in reference? Yes No

9- Remark:

Thanking you in advance for your co-operation,

Sincerely,

Date, stamp and signature

**To be filled out by the Doctor and given back to the
patient who should address it for the attention of the
Doctor of the Compagny**