

# Medical Questionary for:

Policy no.:

## Questions concerning the event

1. Date of the first treatment in connection with this event: \_\_\_\_\_ Time: \_\_\_\_\_
2. Please specify the exact diagnosis (no abbreviations):  
\_\_\_\_\_  
\_\_\_\_\_
3. Have there been any further treatments or follow-up consultations?  yes  no
4. When did the patient fall ill/have the accident? \_\_\_\_\_ Date: \_\_\_\_\_
5. Were these disorders previously treated?  yes  no  
If yes, exact dates: \_\_\_\_\_
6. Anamnesis:  
\_\_\_\_\_  
\_\_\_\_\_
7. Did an unforeseeable severe deterioration occur?  yes  no  
If yes, when? \_\_\_\_\_
8. Was the patient unable to work?  yes  no  
If yes, from: \_\_\_\_\_ until: \_\_\_\_\_
9. Was the patient hospitalized?  yes  no  
If yes, from when until when? (Please send a copy of the discharge report) \_\_\_\_\_
10. Was there a need to perform surgery?  yes  no  
If yes, surgery date: \_\_\_\_\_
11. When exactly was the surgery date arranged? \_\_\_\_\_ Date: \_\_\_\_\_

## Questions concerning the ability to travel

12. How was the patients state of health at the time of booking?  
Please specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. When was recognized for the first time that the journey could not be undertaken due to the state of health?  
Exact date: \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_
14. Did the patient inform you about his/her travel plans?  yes  no  
If yes, exact date: \_\_\_\_\_
15. From which date on did you consider the patient to be fit to travel again? \_\_\_\_\_ Exact date: \_\_\_\_\_

## Further remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place and date

Stamp and signature