FeriehusDirect
Moderne feriehusudlejning i Danmark

Gouda
Part of Gjensidige

Medical certificate FeriehusDirect

In the event of cancellation because of illness, the patient and his/her doctor must fill in the medical certificate below and send it to Gouda Travel Insurance as soon as possible. Please fill in all fields of the medical certificate.

The name and booking no. below MUST be filled in by the tenant.

Name of the tenant listed on the rental certificate:
Booking no.:

To be completed by the insured:

1. Information about the insured

Name:	
Address:	Postcode and town:
Personal ID no.:	Tel. no.:
E-mail:	

2. Bank information

SWIFT code:	IBAN number:
Bank name:	Bank address:

3. Consent

In order to process the claim filed, I hereby give Gouda Travel Insurance my consent to obtain and forward information about my health condition from authorised healthcare personnel, hospitals, healthcare institutions, public authorities, insurance companies, the Insurance Complaints Board, etc. This consent solely covers the illness/injury/diagnosis described in the claims form. At the same time, I solemnly declare this information to be true and that I have not concealed any information.	
Signature of the insured party:	Date and year:

To be completed by the patient's doctor:

4. About the disease

Patient's name:	Patient's personal ID no.:
What is the disease? (Please state diagnosis in English and Latin. Please state precise diagnosis)	
Did the patient's disease arise acutely? ☐ Yes ☐ No If no, see under chronic diseases	When did the patient get symptoms of this disease?

Date of first consultation:	Was the disease known when the holiday was booked? ☐ Yes ☐ No
In the event of a chronic disease: When did the patient get this disease?	Has the condition worsened acutely? ☐ Yes ☐ No
If yes, how has the condition worsened?	
When did you decide to advise the patient against completing the holiday because of his/her state of health?	Date:
Comments, if any:	
Doctor's name, address, postcode, town, country, telephone number, VAT number and stamp:	
Are you the patient's doctor? ☐ Yes ☐ No	If no, who is the patient's doctor?

5. Signature

Date:	Signature of the doctor:

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