

MEDICAL CERTIFICATE (TO COMPLETE BY YOUR TREATING PHYSICIAN)

Name of the patient

First name of the patient

Place of residence

Postal code

 -

Street and number

Date of birth

 / /

Date of medical examination

 / /

Date of travel reservation

 / /

Travel from

 / / to / /

1. Does the patient's state of health at the time of the consultation allow him/her to undertake or continue the planned journey? ☐ yes ☐ no

2. Was the patient suffering from a chronic or pre-existing illness at the time the journey was booked? ☐ yes ☐ no

If yes, what was the patient's state of health at that time?

☐ it allowed the trip to be carried out.

☐ it was not advisable to carry out the trip.

☐ it was foreseeable that the patient's state of health would require medical treatment in relation to his or her illness on the day of the trip, preventing/interrupting the trip.

3. If pregnant, expected date of delivery? / /

4. Does the illness fall under one of the following situations: ☐ yes ☐ no

- depressive state and mental or nervous illnesses which have not manifested themselves for the first time on the date of the examination.

- Voluntary termination of pregnancy not involving a medical emergency.

- Suicide or attempted suicide.

- Drunkenness or intoxication, influence of narcotics, hallucinogenic products, drugs or tranquilizers, misuse of medication or effect of medication not prescribed by an approved physician.

Place and date

Seal and signature of the treating physician preceded by
'certified sincere and true'

LALUX Assurances et DKV Luxembourg will handle the insured's personal data in accordance with the Personal Data Protection Policy available at:
<https://www.lalux.lu/fileadmin/mediatheque/documents/CG/Spuerkeess-VISA-Infinite-2020-EN.pdf>

The expenses of this medical certificate shall be borne by the patient.