

Administered by



MEDICAL CONFIRMATION

PATIENT – PLEASE ENSURE THAT YOU PRE-COMplete FIELDS A-C (BELOW) PRIOR TO SUBMITTING THIS FORM TO YOUR GP.

GP – PLEASE ENSURE THAT ALL SECTIONS HAVE BEEN COMPLETED AND THAT THE CERTIFICATE IS STAMPED BEFORE RETURNING IT TO THE PATIENT.

Patient

(A to C below – to be completed by Patient before submitting to the GP)

- A. Name of patient:
- B. Date of booking your tickets:
- C. Date of event/travel

GP

(D and E below – to be completed by GP after the above has been completed by the Patient)

- D. Date of first consultation for this specific illness/injury:
- E. Details of illness/injury:

I confirm that this patient did consult with me in relation to this specific illness/injury on the date shown above and that medical advice or treatment was not sought for this illness/injury or any related or potentially related illness/injury in the 12 months prior to the above date of booking.

In my medical opinion and as a direct and specific result of the condition mentioned above, the patient is/was unfit to travel/attend the booked event on the date shown above.

GP Name:

GP Signature: Date:

Surgery Stamp: