

**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:

TP/MEDCERT/180117