

## Medical certificate

In case of cancellation due to sickness, the patient must complete this medical certificate as soon as possible with their doctor, and send it to Tryg. All fields in the medical certificate should be filled in.

The name and rental number below **MUST** be filled in by the renter:

Name of renter, as stated on rental confirmation:
Rental confirmation no.:

To be filled in by policyholder:

### 1. Information about person insured

Name:	
Address:	Postcode, city and country:
CPR number:	Tel.:
Email:	Sort code and account number, or SWIFT code and IBAN no.:

### 2. Consent

<p>In connection with the reported injury, I hereby give consent for Tryg to obtain and forward information about the condition of my health from authorised health professionals, hospitals, healthcare institutions, public bodies, insurance companies, the Insurance Appeals Board, etc. The consent covers only the damage/diagnosis described in the incident notification.</p> <p>I also declare in good faith that my information is truthful and that I have not concealed anything.</p>	
Signature of the person insured:	Date and year:

To be completed by the injured party's doctor:

### 3. About the sickness

Patient's name:	CPR number:
What is the sickness? (Please indicate the diagnosis in English and Latin. Provide accurate diagnosis)	
Has the patient's sickness developed acutely?  Yes/No  If no, then falls under chronic disease.	When did the patient develop symptoms of the sickness?
Date of first consultation	Was the sickness known when the trip was booked?
In case of chronic disease: When did the patient develop this sickness?	Has there been acute deterioration?  Yes/No



If yes, describe the deterioration.	
When did you decide that due to the state of health, going on this trip was inadvisable?	Date:
Any comments:	
Doctor's name, address, postcode, city, country, phone number, and VAT registration number and stamp:	
Are you the patient's doctor?  Yes/No	If no, who is the patient's doctor?

4. Signature

Date:	Signature of doctor:
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