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: