

Travel Insurance Medical Assessment Form Sample

The **travel insurance medical assessment form sample** helps travelers provide essential health information for insurance purposes. This form ensures accurate evaluation of medical risks before coverage approval. Using a sample form simplifies the application process and improves communication with insurers.

Medical Assessment Form

Personal Details

Full Name:

Date of Birth:

Passport Number:

Medical History

Have you ever been diagnosed with a chronic illness?

Yes No

If yes, please specify conditions:

Are you currently taking any medication?

Yes No

If yes, please list medications:

Recent Medical Events

Have you been hospitalized in the last 12 months?

Yes No

If yes, provide details:

Declaration

☐ I confirm that all information provided is true and complete to the best of my knowledge.

Submit