

Travel Waiver Form for Medical Reasons

A **travel waiver form** for medical reasons allows individuals to seek exemption from travel restrictions due to health conditions. This document ensures travelers can provide necessary medical information to authorities or airlines. It is essential for facilitating safe and compliant travel during health-related concerns.

Personal Information

Full Name:

Passport Number:

Date of Birth:

Nationality:

Travel Information

Destination:

Proposed Date of Travel:

Medical Information

Reason for Waiver Request (medical condition):

Attending Physician's Name:

Physician's Contact Information:

Attach Medical Documents (if any):

Choose File

No file selected

Declaration

I hereby declare that the information provided is true and accurate to the best of my knowledge. I understand that submitting false or misleading information may result in penalties or denial of my travel waiver.

☐ I agree to the terms and conditions.

Signature:

Date:

Submit