

Medical Statement for Travel Cancellation

This medical statement template provides a standardized format for documenting health issues that require trip postponement or cancellation. It ensures clear communication between patients, healthcare providers, and travel agencies, and facilitates processing of refunds or travel insurance claims.

Patient Information

Name: _____
Date of Birth: _____
Contact Number: _____

Travel Details

Booking Reference: _____
Date(s) of Travel: _____
Destination: _____

Medical Assessment

I, Dr. _____, a licensed medical practitioner, hereby confirm that the above-named patient has been assessed on (Date): _____.

Diagnosis / Medical Condition:

How does this affect travel:

Recommended Action:

Postpone travel Cancel travel

Additional Comments

Medical Practitioner Details

Name: _____
Medical License Number: _____
Contact Number/Email: _____
Practice Address: _____

Signature: _____ Date: _____