

To WillisTowersWatson,
P.O. Box 10 446 The Terrace,
Wellington 6143.

FIT TO TRAVEL DOCTOR'S CERTIFICATE

Patient's Full Name.....

Address.....

Date of Proposed Trip.....

Medical Conditions to declare.....

.....

This letter is to confirm that on (date) I examined the above
named person and found no reason why he/she should not undertake travel
overseas.

In my opinion he/she is fit to undertake such travel without restriction.

Name of Doctor.....

Signature of doctor.....

Date of Report.....

Doctor's contact details:

Telephone.....

Email

Important: The date of this "fit to travel" report must not be more than 21 days
before the date of your Rebus Travel Insurance application form and should be
submitted together.