

Rebus New Zealand Incorporated (Rebus)

Fit to travel report for:

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 domestically within New Zealand or 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.