

Medical Health Questionnaire

Please complete this form in capitals and return it to:
 Unity Insurance Services, Suite 8 The Quadrant, 60 Marlborough Road, Lancing Business Park, Lancing,
 West Sussex, BN15 8UW.
 Or email to: info@unityins.co.uk

Trip Details (to be completed by Leader-in-charge/Parent or Guardian)

Name of the insured Scout / Guide Group or Unit

From

To

Destination(s)

Data Protection Act 1998 – I hereby consent to any information you may have about me / my child being processed by you for the purposes of providing insurance and claims handling, which may necessitate you providing such information to third parties.

Signature of Leader-in-charge/
 Parent or Guardian)

Date

Name

Address

Postcode

Date of birth

Height

Weight

MEDICAL HISTORY (to be completed by a qualified Medical Practitioner/Consultant)

The above named has applied for Travel Insurance and in order to consider the application we request the completion of this Questionnaire. All information will be treated in the strictest confidence and only used for the purpose of providing Insurance. PLEASE make sure each question is fully, legibly and accurately completed as answers that are difficult to read will only cause delay in processing this application.

Has the applicant ever suffered from high blood pressure, a stroke, a heart condition or other circulatory disorder?

YES

NO

If YES, please provide dates and full details including last three blood pressure readings and any treatment prescribed.

Medical Health Questionnaire

Has the applicant ever suffered from any cancerous or malignant condition?

YES

NO

If YES, please provide dates and full details including any treatment.

Has the applicant ever suffered from any mental, nervous, depressive or stress-related condition?

YES

NO

If YES, please provide dates and full details including cause(s), if known.

Has the applicant ever suffered from a 'slipped disc' or other spinal disorder, diabetes, a hernia, or any rheumatic or arthritic condition? If YES, please provide dates and full details including any treatment.

YES

NO

If YES, please provide dates and full details including any treatment.

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In the past TWO years has the applicant suffered from any other injury, medical condition or defect which has not been covered by any of the questions above?

YES

NO

If YES, please provide dates and full details including treatment and prognosis.

To what degree are the condition(s) stabilised and controlled?

Is the applicant taking any medication?

YES

NO

If YES, please provide details below.

Name of drug(s)

Dosage

Times taken per day

Name of drug(s)	Dosage	Times taken per day

Date of most recent medical check-up:

Dates and details of any future appointment(s) and/or treatment(s):

Have you discussed the planned trip with the applicant?

YES

NO

Do you consider the applicant to be at increased risk for the proposed trip?

YES

NO

And therefore fit to travel taking into consideration the medical condition(s) declared and the duration and destination(s) of the trip?

YES

NO

Please supply below any other information known to you which may be relevant to this application for insurance and which has not already been declared hereunder:

I am the Medical Practitioner / Consultant of the above-named applicant and in my opinion:

- This applicant is fit to make the proposed trip;
- Their health should not be adversely affected by the trip, taking into consideration the duration and destination(s) of the trip; and
- There is no medical reason at today's date why the trip should be cancelled between now and its commencement date.

Signature of
Medical Practitioner/Consultant

Date

Medical Health Questionnaire

Your personal information

We (the Lloyd's Underwriters and the Lloyd's Coverholder) and other insurance market participants need your consent to use the sensitive details about you set out below in connection with your insurance cover.

You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent the provision of cover for you or handling your claims.

Do you consent to the use of data and information about your health in connection with your insurance cover?

YES

NO

Other people's details you provide to us

Where you provide us with details about other people, we and other insurance market participants also need their consent to use the sensitive details about them set out below in connection with your insurance cover. We need you to make sure that you have obtained their consent before you provide those details to us.

Have you obtained the consent of each other person whose information you will provide to us in connection with your insurance cover to the use of data and information about their health in connection with your insurance cover?

YES

NO

NOT APPLICABLE

Your Personal Information Notice

Who we are

A) The Lloyd's underwriter(s) identified in the contract of insurance and/or in the certificate of insurance; and

B) Unity Insurance Services, a Coverholder at Lloyd's and a representative of the Lloyd's underwriters in matters pertaining to establishing and executing an Insurance Contract.

The basics

We collect and use relevant information about you to arrange and provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your

consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us

Where you provide us or your agent or broker with details about other people, you must provide this notice to them.

Want more details?

For more information about how we use your personal information please see our full privacy notice(s), which is/are available online on our website(s) or in other formats on request.

Contacting us and your rights

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us, or the agent or broker that arranged your insurance who will provide you with our contact details at:

Unity Insurance Services,
Suite 8 The Quadrant,
60 Marlborough Road,
Lancing Business Park,
Lancing,
West Sussex, BN15 8UW.

<https://www.unityinsuranceservices.co.uk/privacy-policy>

The Lloyd's Underwriters:
Atrium Underwriters Limited,
Room 790, Lloyd's,
One Lime Street,
London, EC3M 7DQ,
United Kingdom.
<http://www.atrimum-w.com/media/1689/atrium-privacy-notice.pdf>