



American Home Assurance Company

New Zealand Branch
Incorporated with Limited Liability in USA
A Member Insurance Company of American International Group

23rd Floor
The ANZ Centre
23 Albert Street
P.O. Box 1745, Auckland 1
Phone 0-9-355 3100
Facsimile 0-9-309 9329

MEDICAL APPLICATION FORM FOR ACCOMPANYING ADULTS AGED OVER 18 YEARS OF AGE

You will need to complete this form and return it to American Home Assurance Company, New Zealand Branch as part of Your application for insurance, if you require cover for any pre-existing medical condition(s).

PLEASE FORWARD THE COMPLETED FORM TO: MAHONY & COMPANY LTD
PO BOX 2626
AUCKLAND
FAX: 09 356 7221

NAME OF SCHOOL:	
ADDRESS:	
NAME OF SCHOOL TRIP	

FULL NAME _____

PHONE: Home () _____ Business () _____

D.O.B. ____ / ____ / ____ HEIGHT _____ WEIGHT _____ SEX M/F _____

Which countries will you visit? _____

Main Destination: _____

When do you depart? ____ / ____ / ____ Return? ____ / ____ / ____ Duration of trip? _____ (DAYS/WKS/MTHS)

If you are touring while overseas, what types of transport will you use and how long will you be touring?

If you have answered "Yes" to any of the following please provide full details below. (eg. when, why)

Hospitalised in the past three years? Yes/No _____

Terminal or Malignant illness or condition? Yes/No _____

Rheumatic Fever or Heart Disease of any kind? Yes/No _____

Suffered a Stroke or Transient Ischaemic attack? Yes/No _____

Suffered Airways Limitation (eg. Asthma, Emphysema)? Yes/No _____

Are you a smoker? Yes/No _____

List details of visits to all Doctors in the last 12 months:

DATE OF VISIT	NAME OF DOCTOR & PHONE NUMBER	REASON FOR VISIT, CONDITION & TREATMENT PROVIDED, CURRENT STATE OF HEALTH

I declare that I have not been refused cover for this Journey by any other insurer.

I hereby give my consent for American Home Assurance Company, New Zealand Branch or its representative to contact my Doctor as noted below, and authorise my Doctor to release details relevant to this insurance.

(Please refer to notes below before Signing.)

Signed _____ Date / /

IF YOU REQUIRE EXISTING HEALTH DISORDER COVERAGE THIS SECTION MUST BE COMPLETED BY YOUR DOCTOR. ALL QUESTIONS MUST BE CAREFULLY COMPLETED TO ENABLE ASSESSMENT.

How long have you been the applicant's usual Medical Practitioner? _____ Last examination date _____

List the conditions (other than minor ailments) the traveller has been treated for or suffered from in past 3 years:

A) _____ B) _____

C) _____ D) _____

Please advise if any of the above conditions are NOT stable or are controlled by medication (please state medications & dosage)

A) _____ B) _____

C) _____ D) _____

B/P _____ Pulse Rate _____

Are there any other details we should know? _____

Does the Applicant have any special needs in flight or on the ground? _____

Have you provided a referral to any overseas hospital or medical advisor? _____

Do you consider the applicant fit and able to complete this journey without needing any additional medical treatment, assistance or advice in relation to the above conditions? **Yes / No**

Doctor's Name _____ Doctor's Signature _____

Date _____ Telephone No () _____ Fax No () _____

IMPORTANT NOTES FOR APPLICANTS

A *Pre-Existing Condition* is any medical condition for which you have taken prescribed drugs, or sought medical treatment or advice in the 30 (thirty) days before you applied for this insurance or any condition which you are aware of that may lead to disruption of your journey.

Pre-existing condition cover is only available for You and the Insured Person(s) noted on the certificate of insurance, on approval of this application by American Home Assurance.

There are some health disorders which we cannot cover such as; Where a terminal or malignant prognosis has been given; Sexually transmitted disease or virus; A.I.D.S (acquired immune deficiency syndrome) or A.I.D.S. related condition(s); An addiction to alcohol or drugs; Mental or nervous disorder; and Depression or anxiety.

Certain other health related events cannot be covered, being; Replenishment of any medication presently being used; Maintenance of any form of treatment commenced prior to your journey; Pregnancy or childbirth (except for unexpected medical complications or emergencies). There is no cover for a child born overseas unless otherwise agreed in writing by us after the child is born; Your travelling against medical advice, or for the purpose of obtaining medical advice or treatment overseas; Existing health disorders of your relative(s) not forming part of the travelling party.