



Fit to Travel Report

To: **Probus South Pacific Limited (Probus)**
PO Box 1294
PARRAMATTA NSW 2124

Fit to Travel Report for Probus Standard Travel Insurance Policy

Patient's Full Name:

Patient's address line 1:

Patient's address line 2:

This letter is to certify that on _____ (date) I examined the above named person and find no reason why she/he should not undertake travel domestically within Australia/New Zealand or travel overseas.

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

Name of Doctor:

Signature of Doctor*:

Date of report*:

Doctor's telephone number:

Doctor's email:

*** In addition to this form it is a requirement that each applicant signs and dates the declaration statement in the Probus Travel Insurance Application Form within 21 days of a doctor completing and signing this report.**

Please retain a copy of this Fit to Travel Report for your own records.

If you have any questions please contact Probus on:

Ph: 1300 630 488 (Australia) or 0800 1477 6287 (New Zealand)

Please note: each applicant applying for Probus Standard Travel Insurance needs to provide a completed a Fit to Travel Report.