



**MEDICAL CONFIRMATION**

**PATIENT - PLEASE ENSURE THAT YOU PRE-COMPLETE FIELDS 1-3 PRIOR TO SUBMITTING THIS FORM TO YOUR GP.**

1. Name of patient: \_\_\_\_\_
2. Date your tickets were purchased: \_\_\_\_\_
3. Date of event/travel: \_\_\_\_\_

**GP - PLEASE ENSURE THAT ALL SECTIONS HAVE BEEN COMPLETED AND THAT THE CERTIFICATE IS STAMPED BEFORE RETURNING IT TO THE PATIENT.**

4. Date of first consultation for this specific illness/injury:  
\_\_\_\_\_
5. Details of illness/injury:  
\_\_\_\_\_  
\_\_\_\_\_

I confirm that this patient did consult with me in relation to this specific illness/sickness/injury on the date shown above.  
In my medical opinion and as a direct and specific result of the condition mentioned above, the patient is/was unfit to travel/attend the booked event on the date shown in section 3.

GP Name: \_\_\_\_\_

GP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor/Surgery Stamp: