

Declaration of health

For information regarding procedures for prior medical approval, see page 3.

Personal information			
First name:		Surname:	
Address:		Postal Code:	City:
ID/Danish CPR number:	Policy number (If you are already insured by Europæiske ERV.):		
Phone number:		Email:	
Travel Information			
Destination (If you have more destinations in the same itinerary, please apply the farthest destination):			
Departure date (day/month/year):		Return date (day/month/year):	
Travel purpose (vacation, study, business):			
Information regarding your general practitioner			
Name of general practitioner:		Phone number of general practitioner:	
Address of general practitioner:			
Medical information			
Do you have any existing chronic medical conditions or diseases?		Yes	No
If yes, which disease/condition? Please state all medical conditions (hypertension, diabetes, etc.):			
When were these conditions diagnosed?			
Your height:		Your weight:	
During the last two months, have you experienced any disease, pain or injuries, which have resulted in hospitalization, further evaluation or treatment by a physician?		Yes	No
If yes, which?			
Date:			

During the last two months, have you had any symptoms of or been diagnosed with a mental disorder which has resulted in hospitalization, further evaluation or treatment by a physician, psychologist or therapist?	Yes	No
If yes, which?		
Date:		
Have you been referred to or are you currently on a waiting list for treatment, further examination or for an operation?	Yes	No
If yes, for what reason?		
When do you expect this appointment to take place?		
Which hospital/clinic?		
Has treatment been denied?	Yes	No
Have you failed to appear to prearranged medical appointments within the last two months?	Yes	No
Have you previously been referred to a treatment plan that you have failed to follow?	Yes	No
Are you taking any prescribed medication?	Yes	No
If yes, please apply information on the prescribed medication:		
If yes, has there been any change/adjustment in dosage or type of medication during the last two months?	Yes	No
If yes, for what reason?		
During the last two months, have you been treated by physiotherapist, a chiropractor or a medical specialist?	Yes	No
If yes, when and for which symptoms have you received treatment?		
<p>I hereby declare that the given information is true. I am aware that Europæiske ERV's coverage can be reduced or waived according to law, if I state untrue information. I hereby give my consent to Europæiske ERV to collect, use and keep my personal health information and to disclose this health information to service partners and treatment facilities as part my application for a pre-approval / as part of my application to take out a travel insurance.</p> <p>By giving my consent I accept that Europæiske ERV collects, keeps and discloses my Danish social security number ("cpr-nr.") for the purpose of collecting my health information from licensed medical practitioners, service partners and medical facilities as part of handling my application for a pre-approval/my application to take out a travel insurance.</p> <p>By submitting this form you agree that Europæiske ERV may collect and process sensitive personal data about your health.</p>		
_____	Date	/ 20
Signature of insured person		

Prior medical approval

Should you apply for a prior medical approval?

You should apply for medical approval prior to departure, regardless of duration or destination of your trip, if you can say 'yes' to the following:

If you have a chronic or existing illness/condition, which has not been stable for two months prior to the date of departure. This also applies for new medical conditions, serious chronic conditions, complicated pregnancies and/or if you have visited a physician or other treatment provider - apart from normal check-ups - even if a diagnosis has not been made.

Important information

Some of the personal data that we collect and process may include what is defined as sensitive personal data under the General Data Protection Regulation which include but are not restricted to personal data concerning health.

When handling and processing your application Europæiske ERV may need to collect information about your health and about treatment carried out by medical practitioners, service partners or medical facilities. This requires your consent. Otherwise, we will not be able to collect the information and this may cause that we become unable to fulfill our contractual obligation towards you as our customer.

Remember that you, at any time, can withdraw your consent by contacting Europæiske ERV and stop any future use of your consent. Read more about your rights on our website at www.erv.dk under "Data Protection Policy".

Please note, that withdrawing your consent may influence our capability to process your application and that we are bound by rules and legislation regarding storing and filing of your data from the time you conclude a valid insurance contract with us.

The insurance - in accordance with the applicable conditions - is valid only after you have received approval from Europæiske ERV.

In the event that your state of health changes before departure where e.g. a hospital stay, acute doctor visit or changed medication is necessary, you are to contact us so we can assess if a new medical approval is necessary.

Also, please note that a prior medical approval only applies for the trip in question. Therefore, you are to consider the necessity of an updated medical approval for future travels.

How to apply for a medical approval

You apply for a medical approval by completing and submitting a health declaration.

You can send us your health information in two ways:

- 1) You can fill out this health declaration electronically, print it out, sign it, scan it and send it by email to: helbred@erv.dk - this is also free of charge.
- 2) Alternatively, you can fill out and sign the health declaration and send it by regular mail to the address below. Please note that we charge an administration fee of DKK 200 to assess health declaration received by regular mail.

Send your health declaration to:

Europæiske ERV
Frederiksberg Allé 3
1790 København V
Att.: Medical Unit

For a complete description of coverage, limitations and exclusions, please see applicable terms and conditions:

<https://www.europaeiske.dk/erhverv/english/material-and-forms/>