

MEDICAL DECLARATION FORM

easyJet

Dear Customer,

Request for more information

We're sorry to hear you need to change or cancel your flight due to a serious illness.

Before we can fully assess your claim, we will need your GP or medical practitioner to provide us with some more information.

What you need to do next

- > You should print the form and complete with the following:
 - Please complete **Section 1: About Your Condition - Customer Statement** (page 1) and sign the declaration. For children under the age of 16 years of age, a parent or guardian should read and sign this on their behalf.
 - Read and sign **Section 2 of the Access To Medical Information** (Page 2) claim form, it explains the Access to Medical Reports Act, and will allow your doctor or medical practitioner to provide the medical information for your claim. For children under 16 years of age, a parent or guardian should read and sign this on their behalf.
 - Next, please give **Section 2 of the Access To Medical Information** (page 2) claim form to your doctor or medical practitioner, this will enable them to provide your medical information within the claim form. You may have to pay a fee for this service.
 - Give **Section 3 of the About Your Condition - GP/Medical Practitioner Statement** (page 3) claim form to your doctor or medical practitioner to complete.

What do I need to do after the form is completed and signed?

- > Once you've completed the document, please go to our webform on the **Contact Us** page and complete the following steps within the web form:
 - Provide your personal details and your flight details within Section 1
 - Select Serious Illness from the dropdown menu in Section 2
 - Attach pages 1, 2 and 3 of the completed Medical Form (completed by you and your GP/Medical Practitioner) within Section 3
 - Submit your claim within Section 4

We will aim to respond within 7 days of receipt of your claim. Please note that we might be unable to process your request as the result of any incomplete or unauthorised modifications made to the form.

Your personal data

The personal and medical details you provide will be used by easyJet Airline Company Limited ("easyJet" or "we") to handle your serious illness flight cancellations request. If you are filling the Serious / Terminal Illness Claim Form on behalf of someone else, please ensure that you are authorised to share the personal data of the passenger (including, medical information) with us.

easyJet is a company registered in England and Wales with registration no 3034606 and registered office at Hangar 89, London Luton Airport, Luton, Bedfordshire, LU2 9PF. We are the "controller" for the purposes of the data protection laws that apply to us and we will hold your personal information in accordance with our privacy policy, available at: <https://www.easyJet.com/en/policy/privacy-promise>.

Section 1:

ABOUT YOUR CONDITION – CUSTOMER STATEMENT

To be completed by the customer or a guardian if the customer is under 16 years old

I am filling this form (tick the applicable box(es):

- > on my behalf
- > on behalf of a child or vulnerable person

When did the illness or condition or symptoms first start? Date

When is the flight you want to cancel due to illness? Date

Customer's declaration and signature

I declare that, to the best of my knowledge and belief, the information provided in this form is true and complete. I understand that easyJet may take legal action against anyone making a false statement in this form verified by a statement of truth without belief of truth.

I authorise the use of my personal data for the purpose of processing this serious illness flight cancellations request.

If the customer is under 16 years old and/or a vulnerable adult, their legal guardian should sign on their behalf. As the parent/lawful guardian of the child and/or a vulnerable adult, I hereby confirm that I have lawful authority to represent the customer, and I authorise the use of the customer personal data for the purpose of processing this serious illness flight cancellations request.

Personal information

All personal and medical details will be used by easyJet Airline Company Limited ("easyJet" or "we") to handle your serious illness flight cancellations request. If you are filling the Serious / Terminal Illness Claim Form on behalf of someone else, please ensure that you are authorised to share the personal data of the passenger (including, medical information) with us. For more information about how we handle please refer to our privacy policy, available at: <https://www.easyJet.com/en/policy/privacy-promise>.

Name (Customer/Guardian)

E-mail

Signature (Customer/Guardian)

Date

Section 2: ACCESS TO MEDICAL INFORMATION

To be completed by the customer or a guardian if the customer is under 16 years old

Before we can assess your claim, your GP / medical practitioner must complete the 'GP / medical practitioner's section' of the claim form.

Your GP / medical practitioner may only complete the form if you provide them with a signed 'Access to medical information' form.

Under the Access to Medical Reports Act 1988 we must get your agreement to apply for a medical report - you can refuse, but if you do, we will not be able to assess your claim.

Your GP / medical practitioner may prefer to send the completed section of the claim form directly to us if there is any information included which:

- > The GP / medical practitioner believes could seriously harm your physical or mental health, or that of others
- > Indicates the GP's or medical practitioner's intentions in respect of you
- > Reveals information about another person, or the identity of someone who has given information about you (unless that person consents or is a health professional involved in caring for you)

Your consent and signature

If the claim is made on behalf of a vulnerable person or a child under 16 years old, their legal guardian should sign on their behalf.

- > I have read the above information in relation to the Access to Medical Reports Act 1988. In connection with this claim, I give consent for easyJet to be provided with medical information by any GP or medical practitioner who has treated me or any other relevant person.
- > I agree that copy of this consent is as valid as the original.

Name (Customer/Guardian)

Signature (Customer/Guardian)

Date

GP / Medical Practitioner's Details

Full name

Telephone number

Address

Section 3:

ABOUT YOUR CONDITION – GP/MEDICAL PRACTITIONER STATEMENT

To be completed by the GP or medical practitioner

Patient's name

Date of birth

- > Your patient has made a flight cancellation claim due to illness or a medical condition. Please review their declaration in Section 1 before completing this form.

Important:

- a. Please **do not** circle or strike through the conditions in the Serious Illness Matrix below
 - b. We **do not** expect you to tell us specifics or details about the medical condition diagnosed on your patient
 - c. We will not be able to assess your patient's claim if you do not complete this form correctly
- > If your patient has been recently diagnosed with any of the illnesses listed in the Serious Illness Matrix below or affected by any of the conditions listed in the Serious Illness Matrix below, please state the date it started or the date it was discovered.
 - > Please note that we will not process the patient cancellation request as the result of any incomplete or unauthorised modifications made to the Serious / Terminal Illness Claim form.

Under the Access to Medical Reports Act 1988, you may prefer to send the completed section of the claim form directly to us if there is any information included which:

- > The GP / medical practitioner believes could seriously harm a patients physical or mental health, or that of others
- > Indicates the GP's or medical practitioner's intentions in respect of the patient
- > Reveals information about another person, or the identity of someone who has given information about the patient (unless that person consents or is a health professional involved in caring for the patient)

If you believe any of the above mentioned circumstances apply to your patient (the customer), please post the entirety of this form (sections 1, 2, and 3) to the following address: Executive Support Team, Hangar 89, London Luton Airport, Luton, Bedfordshire, LU2 9PF

Additionally, please inform the Customer of the following:

- > the MDF will be submitted by you on their behalf based on the above
- > provide the date that the MDF will be sent to easyJet
- > state on easyJet webform Doctor has submitted MDF on behalf of the Customer

Categories of Illness	Date of last symptoms	Tick the applicable box(es)
1. Terminal Illness	Not applicable	
2. Serious Illness Please tick this box if any of the below conditions apply		
Cerebrovascular accident (stroke resulting in permanent symptoms).	Occurring within 4 weeks before the date of the flight	
Myocardial infarction (heart attack).	Occurring within 4 weeks before the date of the flight	
Unstable mental health illness in which the patient poses a risk of harm to themselves or to others (except if this is due to the misuse of alcohol or drugs).	Not Applicable	
Respiratory arrest for any reason.	Occurring within 10 days before the date of the flight	
Cancer	Not Applicable	
Emergency surgery requiring at least 24 hours stay in hospital.	Occurring within 4 weeks before the date of the flight	
Emergency hospital admission requiring at least 24 hours stay in hospital.	Occurring within 4 weeks before the date of the flight	
Complication of pregnancy that could otherwise lead to the death of the mother or the loss of the pregnancy without urgent medical attention e.g., heavy bleeding, miscarriage, sepsis, placental abruption etc.	Not Applicable	
3. None that apply	Not Applicable	
4. Fit to Fly Please select the box that applies		
> The Customer was / is fit to fly		
> The Customer was not / is not fit to fly		

Your declaration and signature

(Please read the following statements and tick the appropriate answers)

I confirm that I am the patient's GP or medical practitioner

YES

NO

It is in my professional opinion that because of the patient's condition at the time of the flight stated in section 1, the patient would not have been / is not reasonably expected to be medically fit to fly

YES

NO

I CAN'T SAY

I consent to a copy of this medical statement being given to the patient

YES

NO

I confirm that I have made clear which facts and matters referred to in this form are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer. I understand that easyJet may take legal action against anyone who makes, or causes to be made, a false statement in this form verified by a statement of truth without an honest belief in its truth.

YES

NO

Please print your name in block capitals

Signature

Practice stamp or address in block capitals

Name

GMC or professional registration number

Date

E-mail

Telephone