



# ACADÉMIE STE CÉCILE INTERNATIONAL SCHOOL

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## DISCLOSURE OF INFORMATION

**Re: Medical and Health History as of 90 days prior to departure.**

**School Name:** \_\_\_\_\_

**Traveller's Name:** \_\_\_\_\_

**D.O.B.** M/ D/ Y/

**Status:**  Student  
 Teacher

### Pre-existing condition:

Do you have pre-existing medical condition within the last 90 days?

No

Yes Date of diagnosed medical condition \_\_\_\_\_

Please indicate the medical condition \_\_\_\_\_

**N.B. ...The company [Travel Underwriters] will not be liable to provide coverage, services, or to pay claims for expenses incurred directly or indirectly as a result of: 1) Any pre-existing condition as defined with the exception of any condition which has remained stable in the 90 days prior to the effective date of the Policy. (that is the day of arrival in Canada). Pre-existing conditions that do not meet the criteria set out are not covered. (Student Medical Insurance Policy Booklet: P. 9 Exclusions)**

### Allergies:

Do you have allergies to medication?

No

Yes Please indicate the medication \_\_\_\_\_

Do you have allergies to food?

No

Yes Please indicate the food \_\_\_\_\_

Other allergies?

No

Yes Please indicate \_\_\_\_\_

### Declaration

*I/we hereby declare that the above information was detailed clearly, thoroughly and truthfully.*

Traveller's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If traveller is under 18 years old)