

To Probus South Pacific Limited  
Post Office Box 1294,  
PARRAMATTA NSW 2124

**Re: Fit to Travel Report for Probus Travel Insurance Single Trip Plan A ONLY:**

\_\_\_\_\_ (Patients' Full Name) of  
\_\_\_\_\_,(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 : \_\_\_\_\_

**\*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 record**

**If you have any questions please contact Probus on 1300 630 488.**

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