

Medical Visa Application

Healthcare Travel - Blank Template

Applicant Information

Full Name

Date of Birth

Gender

Nationality

Passport Number

Address

Phone

Email

Medical Information

Medical Condition / Diagnosis

Purpose of Travel / Treatment Required

Intended Hospital/Clinic

Consulting Doctor

Expected Duration of Treatment

Travel Details

Intended Date of Arrival

Intended Date of Departure

Will you be accompanied? (details)

Declaration

I confirm that the above information is true and correct to the best of my knowledge.

Signature (Type Full Name)

Date