

## Waived Conditions

The following medical conditions are covered without additional charge and subject to the normal terms and conditions of this insurance, **provided** (a) the Insured is not awaiting surgery for the condition, and (b) the Insured has been fully discharged from any post-operative follow-up.

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Abnormal Smear Test</li> <li><input type="checkbox"/> Achilles Tendon Injury</li> <li><input type="checkbox"/> Acne</li> <li><input type="checkbox"/> Acronyx (Ingrowing Toe-nail)</li> <li><input type="checkbox"/> Adenoids</li> <li><input type="checkbox"/> Allergic Rhinitis</li> <li><input type="checkbox"/> Alopecia</li> <li><input type="checkbox"/> Anal Fissure/Fistula</li> <li><input type="checkbox"/> Appendectomy</li> <li><input type="checkbox"/> Astigmatism</li> <li><input type="checkbox"/> Athlete's Foot (Tinea Pedis)</li> <li><input type="checkbox"/> Attention Deficit Hyperactivity Disorder</li> <li><input type="checkbox"/> Bell's Palsy (Facial Paralysis)</li> <li><input type="checkbox"/> Benign Prostatic Enlargement</li> <li><input type="checkbox"/> Bladder Infection (fully recovered, no hospital admissions)</li> <li><input type="checkbox"/> Blepharitis</li> <li><input type="checkbox"/> Blindness</li> <li><input type="checkbox"/> Blocked Tear Ducts</li> <li><input type="checkbox"/> Breast - Fibroadenoma</li> <li><input type="checkbox"/> Breast Cyst(s)</li> <li><input type="checkbox"/> Breast Enlargement/Reduction</li> <li><input type="checkbox"/> Broken Bones (other than head or spine) - (no longer in plaster)</li> <li><input type="checkbox"/> Bunion (Hallux Valgus)</li> <li><input type="checkbox"/> Bursitis</li> <li><input type="checkbox"/> Caesarean Section</li> <li><input type="checkbox"/> Candidiasis (oral or vaginal)</li> <li><input type="checkbox"/> Carpal Tunnel Syndrome</li> <li><input type="checkbox"/> Cartilage Injury</li> <li><input type="checkbox"/> Cataracts</li> <li><input type="checkbox"/> Cervical Erosion</li> <li><input type="checkbox"/> Cervicitis</li> <li><input type="checkbox"/> Chalazion</li> <li><input type="checkbox"/> Chicken Pox (fully resolved)</li> <li><input type="checkbox"/> Cholecystectomy</li> <li><input type="checkbox"/> Chronic fatigue syndrome (if only symptom is fatigue)</li> <li><input type="checkbox"/> Coeliac Disease</li> <li><input type="checkbox"/> Cold Sore (Herpes Simplex)</li> <li><input type="checkbox"/> Collitis (simple)</li> <li><input type="checkbox"/> Common Cold(s)</li> <li><input type="checkbox"/> Conjunctivitis</li> <li><input type="checkbox"/> Constipation</li> <li><input type="checkbox"/> Corneal Graft</li> <li><input type="checkbox"/> Cosmetic Surgery</li> <li><input type="checkbox"/> Cyst - Breast</li> <li><input type="checkbox"/> Cyst - Testicular</li> <li><input type="checkbox"/> Cystitis (fully recovered, no hospital admissions)</li> <li><input type="checkbox"/> Cystocele (fully recovered, no hospital admissions)</li> <li><input type="checkbox"/> D &amp; C</li> <li><input type="checkbox"/> Deaf Mutism</li> <li><input type="checkbox"/> Deafness</li> <li><input type="checkbox"/> Dental Surgery</li> <li><input type="checkbox"/> Dermatitis (no hospital admissions or consultations)</li> <li><input type="checkbox"/> Deviated Nasal Septum</li> <li><input type="checkbox"/> Diarrhoea and/or Vomiting (resolved)</li> <li><input type="checkbox"/> Dilatation and Curettage</li> <li><input type="checkbox"/> Dislocated Hip</li> <li><input type="checkbox"/> Dislocations</li> <li><input type="checkbox"/> Dry Eye Syndrome</li> <li><input type="checkbox"/> Dyspepsia</li> <li><input type="checkbox"/> Ear Infections (resolved - <u>must</u> be all clear prior to travel if flying)</li> <li><input type="checkbox"/> Eczema (no hospital admissions or consultations)</li> <li><input type="checkbox"/> Endocervical Polyp</li> <li><input type="checkbox"/> Endocervicitis</li> <li><input type="checkbox"/> Endometrial Polyp</li> <li><input type="checkbox"/> Epididymitis</li> <li><input type="checkbox"/> Epiphora (Watery Eye)</li> <li><input type="checkbox"/> Epispadias</li> <li><input type="checkbox"/> Epistaxis (Nosebleed)</li> <li><input type="checkbox"/> Erythema Nodosum</li> <li><input type="checkbox"/> Essential Tremor</li> <li><input type="checkbox"/> Facial Neuritis (Trigeminal Neuralgia)</li> <li><input type="checkbox"/> Facial Paralysis (Bell's Palsy)</li> <li><input type="checkbox"/> Femoral Hernia</li> <li><input type="checkbox"/> Fibroadenoma</li> <li><input type="checkbox"/> Fibroid - Uterine</li> <li><input type="checkbox"/> Fibromyalgia</li> <li><input type="checkbox"/> Fibromyositis</li> <li><input type="checkbox"/> Fibrositis</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Frozen Shoulder</li> <li><input type="checkbox"/> Gall Bladder Removal</li> <li><input type="checkbox"/> Ganglion</li> <li><input type="checkbox"/> Glandular Fever (full recovery made)</li> <li><input type="checkbox"/> Glaucoma</li> <li><input type="checkbox"/> Glue Ear (resolved - <u>must</u> be all clear prior to travel if flying)</li> <li><input type="checkbox"/> Goitre</li> <li><input type="checkbox"/> Gout</li> <li><input type="checkbox"/> Grave's Disease</li> <li><input type="checkbox"/> Grommet(s) inserted (Glue Ear)</li> <li><input type="checkbox"/> Gynaecomastia</li> <li><input type="checkbox"/> Haematoma (external)</li> <li><input type="checkbox"/> Haemorrhoidectomy</li> <li><input type="checkbox"/> Haemorrhoids (Piles)</li> <li><input type="checkbox"/> Hallux Valgus (Bunion)</li> <li><input type="checkbox"/> Hammer Toe</li> <li><input type="checkbox"/> Hay Fever</li> <li><input type="checkbox"/> Hernia (not Hiatus)</li> <li><input type="checkbox"/> Herpes Simplex (Cold Sore)</li> <li><input type="checkbox"/> Herpes Zoster (Shingles)</li> <li><input type="checkbox"/> Hip Replacement (<u>no</u> subsequent arthritis)</li> <li><input type="checkbox"/> Hives (Nettle Rash)</li> <li><input type="checkbox"/> Housemaid's Knee (Bursitis)</li> <li><input type="checkbox"/> HRT (Hormone Replacement Therapy)</li> <li><input type="checkbox"/> Hyperthyroidism (Overactive Thyroid)</li> <li><input type="checkbox"/> Hypospadias</li> <li><input type="checkbox"/> Hypothyroidism (Underactive Thyroid)</li> <li><input type="checkbox"/> Hysterectomy (provided <u>no</u> malignancy)</li> <li><input type="checkbox"/> Impetigo</li> <li><input type="checkbox"/> Indigestion</li> <li><input type="checkbox"/> Influenza</li> <li><input type="checkbox"/> Ingrowing Toe-nail (Acronyx)</li> <li><input type="checkbox"/> Inguinal Hernia</li> <li><input type="checkbox"/> Insomnia</li> <li><input type="checkbox"/> Intercostal Neuralgia</li> <li><input type="checkbox"/> Intertrigo</li> <li><input type="checkbox"/> Irritable Bowel Syndrome (IBS)</li> <li><input type="checkbox"/> Keimboeck's Disease</li> <li><input type="checkbox"/> Keratoconus</li> <li><input type="checkbox"/> Knee Injury - Collateral/cruciate ligaments</li> <li><input type="checkbox"/> Knee Replacement (<u>no</u> subsequent arthritis)</li> <li><input type="checkbox"/> Kohlers Disease</li> <li><input type="checkbox"/> Labyrinthitis</li> <li><input type="checkbox"/> Laryngitis</li> <li><input type="checkbox"/> Learning Difficulties</li> <li><input type="checkbox"/> Leptothrix</li> <li><input type="checkbox"/> Leucoderma</li> <li><input type="checkbox"/> Lichen Planus</li> <li><input type="checkbox"/> Ligaments (injury)</li> <li><input type="checkbox"/> Lipoma</li> <li><input type="checkbox"/> Macular Degeneration</li> <li><input type="checkbox"/> Mastitis</li> <li><input type="checkbox"/> Masteoidectomy (resolved - must be all clear prior to travel if flying)</li> <li><input type="checkbox"/> Menopause</li> <li><input type="checkbox"/> Menorrhagia</li> <li><input type="checkbox"/> Migraine (provided this is a definite diagnosis and there are no ongoing investigations)</li> <li><input type="checkbox"/> Miscarriage</li> <li><input type="checkbox"/> Mole(s)</li> <li><input type="checkbox"/> Molluscum Contagiosum</li> <li><input type="checkbox"/> Myalgia (Muscular Rheumatism)</li> <li><input type="checkbox"/> Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue)</li> <li><input type="checkbox"/> Myxoedema</li> <li><input type="checkbox"/> Nasal Infection</li> <li><input type="checkbox"/> Nasal Polyp(s)</li> <li><input type="checkbox"/> Nettle Rash (Hives)</li> <li><input type="checkbox"/> Neuralgia, Neuritis</li> <li><input type="checkbox"/> Nosebleed(s)</li> <li><input type="checkbox"/> Nystagmus</li> <li><input type="checkbox"/> Obstructive Sleep Apnoea</li> <li><input type="checkbox"/> Osgood-schlatter's Disease</li> <li><input type="checkbox"/> Osteochondritis</li> <li><input type="checkbox"/> Otosclerosis</li> <li><input type="checkbox"/> Overactive Thyroid</li> <li><input type="checkbox"/> Parametritis</li> <li><input type="checkbox"/> Pediculosis</li> <li><input type="checkbox"/> Pelvic Inflammatory Disease</li> <li><input type="checkbox"/> Photodermatitis</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Piles</li> <li><input type="checkbox"/> Pityriasis Rosea</li> <li><input type="checkbox"/> Post Viral Fatigue Syndrome (if the only symptom is fatigue)</li> <li><input type="checkbox"/> Pregnancy (provided <u>no</u> complications)</li> <li><input type="checkbox"/> Prickly Heat</li> <li><input type="checkbox"/> Prolapsed Uterus (womb)</li> <li><input type="checkbox"/> Pruritis</li> <li><input type="checkbox"/> Psoriasis (no hospital admissions or consultations)</li> <li><input type="checkbox"/> Repetitive Strain Injury</li> <li><input type="checkbox"/> Retinitis Pigmentosa</li> <li><input type="checkbox"/> Rhinitis (Allergic)</li> <li><input type="checkbox"/> Rosacea</li> <li><input type="checkbox"/> Ruptured Tendons</li> <li><input type="checkbox"/> Salpingo-oophoritis</li> <li><input type="checkbox"/> Scabies</li> <li><input type="checkbox"/> Scalp Ringworm (Tinea Capitis)</li> <li><input type="checkbox"/> Scheuermann's Disease</li> <li><input type="checkbox"/> Sebaceous Cyst</li> <li><input type="checkbox"/> Shingles (Herpes Zoster)</li> <li><input type="checkbox"/> Shoulder Injury</li> <li><input type="checkbox"/> Sinusitis</li> <li><input type="checkbox"/> Skin Ringworm (Tinea Corporis)</li> <li><input type="checkbox"/> Sleep Apnoea</li> <li><input type="checkbox"/> Sore Throat</li> <li><input type="checkbox"/> Sprains</li> <li><input type="checkbox"/> Stigmatism</li> <li><input type="checkbox"/> Stomach Bug (resolved)</li> <li><input type="checkbox"/> Strabismus (Squint)</li> <li><input type="checkbox"/> Stress Incontinence</li> <li><input type="checkbox"/> Synovitis</li> <li><input type="checkbox"/> Talipes (Club Foot)</li> <li><input type="checkbox"/> Tendon Injury</li> <li><input type="checkbox"/> Tennis Elbow</li> <li><input type="checkbox"/> Tenosynovitis</li> <li><input type="checkbox"/> Termination of Pregnancy</li> <li><input type="checkbox"/> Testicles - Epididymitis</li> <li><input type="checkbox"/> Testicles - Hydrocele</li> <li><input type="checkbox"/> Testicles - Varicocele</li> <li><input type="checkbox"/> Testicular Cyst</li> <li><input type="checkbox"/> Testicular Torsion (Twisted Testicle)</li> <li><input type="checkbox"/> Throat Infection(s)</li> <li><input type="checkbox"/> Thrush</li> <li><input type="checkbox"/> Thyroid - Overactive</li> <li><input type="checkbox"/> Thyroid Deficiency</li> <li><input type="checkbox"/> Tinea Capitis (Scalp Ringworm)</li> <li><input type="checkbox"/> Tinea Corporis (Skin Ringworm)</li> <li><input type="checkbox"/> Tinea Pedis (Athlete's Foot)</li> <li><input type="checkbox"/> Tinnitus</li> <li><input type="checkbox"/> Tonsillitis</li> <li><input type="checkbox"/> Tooth Extraction</li> <li><input type="checkbox"/> Toothache</li> <li><input type="checkbox"/> Torn Ligament</li> <li><input type="checkbox"/> Torticollis (Wry Neck)</li> <li><input type="checkbox"/> Trichomycosis</li> <li><input type="checkbox"/> Trigeminal Neuralgia</li> <li><input type="checkbox"/> Turner's Syndrome</li> <li><input type="checkbox"/> Twisted Testicle</li> <li><input type="checkbox"/> Umbilical Hernia</li> <li><input type="checkbox"/> Underactive Thyroid</li> <li><input type="checkbox"/> Undescended Testicle</li> <li><input type="checkbox"/> Urethritis (fully recovered, no hospital admissions)</li> <li><input type="checkbox"/> URTI (Upper Respiratory Tract infection) (resolved, no further treatment)</li> <li><input type="checkbox"/> Urticaria</li> <li><input type="checkbox"/> Uterine Polyp(s)</li> <li><input type="checkbox"/> Uterine Prolapse</li> <li><input type="checkbox"/> Varicocele</li> <li><input type="checkbox"/> Varicose Veins - <u>legs only, never any ulcers or cellulitis</u> (if GP has confirmed that client is fit to travel)</li> <li><input type="checkbox"/> Vasectomy</li> <li><input type="checkbox"/> Verruca</li> <li><input type="checkbox"/> Vertigo - provided no disabling episodes</li> <li><input type="checkbox"/> Vitiligo</li> <li><input type="checkbox"/> Warts (benign, non-genital)</li> <li><input type="checkbox"/> Womb Prolapse (uterus)</li> <li><input type="checkbox"/> Wry Neck (Torticollis)</li> </ul> |
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