

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