

FIT to FLY CERTIFICATE

TO WHOM IT MAY CONCERN

Patient Name	
DOB	
Last Menstrual Period	
Estimated Date of Confinement	
Proposed Dates Of Air Travel	

In my opinion the above mentioned lady has an uncomplicated single pregnancy of _____ week's gestation and is fit to fly for her booked journey with your airline.

Special Precautions (If any) _____

Yours Sincerely,

_____ Stamp & Signature of Doctor with Degree and Reg No

_____ Stamp of Hospital/ Med Establishment (Not required if the certificate is issued on the hospital letterhead)

Date: