

EXPECTANT MOTHER - MEDICAL CONFIRMATION - FITNESS TO FLY

Passenger Name: _____

Single pregnancy [] Multiple Pregnancy []

Outbound Flight date: __/__/____ Number of weeks pregnant: __ weeks

Return Flight date: __/__/____ Number of weeks pregnant: __ weeks

Your Doctor must confirm the following:

The pregnancy is uncomplicated []

The expected date of delivery __/__/____

You are fit to fly []

Doctor's Signature _____

Doctor's stamp

Date __/__/____ This letter should be dated within 2 weeks of the departure date.