



Air Travel Form For Pregnant Ladies

DATE OF EXAMINATION

NAME

AGE

GESTATIONAL AGE(WEEKS)

LMP

TYPE OF PREGNANCY

SINGLETON

MULTIPLE

FIT FOR AIR TRAVEL

YES

NO

DATE OF TRAVEL

DESTINATION

ANY OTHER NOTES OR COMPLICATIONS

NAME OF PHYSICIAN

SIGNATURE AND STAMP OF PHYSICIAN

* The medical certificate must be issued within 7 days of the flight date

* Make sure to fill all required blanks

* The medical certificate must be issued only by OBS-GYN SPECIALIST