

**TO WHOM IT MAY CONCERN**

Patient name: \_\_\_\_\_

DOB: \_\_\_\_\_

Last Menstrual Period: \_\_\_\_\_

Estimated Date of Confinement: \_\_\_\_\_

Proposed dates of air travel: \_\_\_\_\_

In my opinion this lady has an uncomplicated single pregnancy of \_\_\_\_ weeks gestation and is fit to fly for her booked journey with your airline.

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: \_\_\_\_\_