

TO WHOM IT MAY CONCERN

*To be completed by the attending doctor or
midwife of the travelling guest*

GUEST NAME: _____

DATE OF BIRTH: _____

LAST MENSTRUAL PERIOD: _____

ESTIMATED DATE OF DELIVERY: _____

PLANNED DATES OF TRAVEL: _____

I confirm that I have examined this lady on _____ who has an uncomplicated:
(Please tick where applicable)

- ☐ Single pregnancy of _____ weeks gestation and is fit to fly for her
booked flight with your airline.
- ☐ Multiple pregnancy of _____ weeks gestation and is fit to fly for her
booked flight with your airline.

Yours sincerely,

Signature of doctor or midwife: _____

Stamp or written details of doctor or midwife: _____

Date: _____

Note: this certificate is valid for three weeks from date of issue provided it is within the acceptable gestational period for travel.
Consult your doctor to discuss any potential risks.