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الملكية الأردنية
ROYAL JORDANIAN

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

P.O. Box 302 Amman 11118 Jordan - Tel +962(6)5202000