



## Air Travel Form For Pregnant Ladies

DATE OF EXAMINATION

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NAME

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AGE

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GESTATIONAL AGE(WEEKS)

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LMP

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TYPE OF PREGNANCY

SINGLETON

MULTIPLE

FIT FOR AIR TRAVEL

YES

NO

DATE OF TRAVEL

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DESTINATION

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ANY OTHER NOTES OR COMPLICATIONS

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NAME OF PHYSICIAN

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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