

TO WHOM IT MAY CONCERN

Re: 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,

_____ Signature of Doctor or Midwife

_____ Stamp or written details of Doctor or Midwife

Date: _____