

# 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.