PREGNANCY VERIFICATION

EXPECTANT MOTHER - MEDICAL CONFIRMATION - FITNESS TO FLY

Patient Information

Patient Name:

Age

Address

Email

Phone Number

Allergies or Existing illnesses: YES / NO

Pregnancy Details

Number of Fetuses:

Outbound Flight date:

Number of weeks pregnant: weeks

Return Flight date:

Number of weeks pregnant: weeks

The pregnancy is uncomplicated: YES

The expected date of delivery:

Gynecologist Obstetrician Information

The Patient is fit to fly

Doctor's Signature:

Date:

Doctor's stamp:

ginekologika
by @dr_strus