

Date:

MEDICAL CERTIFICATE FOR AIR TRAVEL

Name.....Gender.....Age.....year.....month.....
Nationality.....Passport Number/ID Number.....
Airline... Flight no..... Depart Arrival Transit

Patient's History:

Recent infection: Yes/No

Recent Fever: Yes/No

Being treated for any conditions: Yes/No if yes explain:

Diagnosis:

.....

Treatment:

.....

.....

.....

Recommendation for air travel

Fit for air travel

Not fit for air travel

.....

.....

Attending physician signature

(.....) MD/DC

Medical License no.....

Passenger signature

(.....)