

Fit For Travel Medical Certificate1270001905001143001905006438900190500

Name Mr. Traveller

HN 123456 Date 22/3/2021

Birth Date 22/2/1999 Age 45

Room 1234 Sex male

Physician Dr. Do test

Date of Examination 22/3/2021 Time any

1270000

To Whom **It** May Concern: ANYName

This is certify that above name' s patient has examined and treated at our hospital as an:

- Out patient - in-patient on/during time_period

Diagnosis : diagnosis_description

Travel Recommendation and Assessment (Please tick in the box):

- Fit to fly as normal seated passenger

- Fit to fly with medical escort(s) only

x Fit to fly with non-medical escort/family

- Not fit to fly/Travel only at patient's own risk Special requirement(s), (Please tick in the box):

- None

x Economy class - Business class - First class Stretcher

- Wheelchair - to Step - to Ramp to Seat (Cabin) - Oxygen supply _ Others (Please specify) other_description

Physician' s Signature ANYNAME2 Medical License No 1234555 Telephone 08379771

I understand the risk(s) involved in air travel and accept full responsibility for myself

ANYNAME3 ANYNAME4 22/03/2021

Signature, Patient

ANYNAME5

Other legally authorization

Full name (Block letters)

234556

ID Number/Passport Number

Date

own

Relationship to patient

Thai witness1 witness

Language used Translation Witness/Translator Witness

(if required)

Note: the final decision on whether or not the patient is allowed to board the plane mainly relies on the concerned airline

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