**Fit For Travel Medical Certificate**

Name name1

HN hnumber Date date1

Birth Date bday Age age\_range

Room room\_no Sex gender\_type

Physician name2

Date of Examination date2 Time time\_range

To Whom **It** May Concern: name3

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

D1Out patient D2in-patient on/during time\_period

Diagnosis : diagnosis\_description

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

D3Fit to fly as normal seated passenger

D4Fit to fly with medical escort(s) only

D5Fit to fly with non-medical escort/family

D6Not fit to fly/Travel only at patient's own risk Special requirement(s), (Please tick in the box):

D7None

D8 Economy class D9Business class D10First class Stretcher

D11 Wheelchair D12to Step D13to Ramp to Seat (Cabin) D14Oxygen supply

D15 Others (Please specify) other\_description

Ph ysician' s Signature name4 Medical License No license\_no Telephone phone1

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

name5 name6 date3

Signature, Patient

name6

Other legally authorization

Full name (Block letters)

passport\_no

ID Number/Passport Number

Date

relationship1

Relationship to patient

language1 witness1 witness2

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