

Fit To Travel Medical Certificate

Name:

Age:

Sex:

Date of Examination

To Whom It May Concern:

This is to certify that above name's patient has examined as an outpatient.

Diagnosis:

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

- Fit to fly as normal seated passenger
- Fit to fly with medical escort(s) only
- 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
- Others (Please specify)

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Physician's Name Physician's Signature

Medical License No..... Telephone.....

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

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Signature, Patient Full name (Block letters) Date

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