



vistara

Fit-to-Fly Certificate (For Expected Mothers)

(Valid for 24 hours only)

(On the issuing doctor's letter head)

I have examined Mrs./Ms. _____

**Aged _____ years and she is _____ weeks pregnant. her LMP is _____ and EDD
is _____ with presence / absence of complications.**

I certify that she is fit to fly by air as a passenger with/wihtout a medical/non-medical escort.

Signature and seal of the issuing obstetrician

Date:

Place: