

# CERTIFICATE FOR EXPECTANT MOTHERS



1. NAME, FIRST NAME

AGE / DATE OF BIRTH

2. PASSENGERS CONTACT INFORMATION

Phone:

Email:

3. BOOKINGS REFERENCE/PNR

4. ROUTING

from                      to                      flight number      date

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5. WEEKS OF PREGNANCY ON DEPARTURE FLIGHT

6. DUE DATE

7.  Normal pregnancy, no restrictions for air travel

Risk pregnancy, air travel is not recommended

Physician's stamp (or physician's name, contact information and medical identification number) and signature: