

**[Date]**

**To Whom It May Concern,**

This letter serves to confirm that **[Patient Full Name]**, date of birth **[DOB]**, is currently under my prenatal care.

As of today's date, the patient is **[Number]** weeks pregnant, with an estimated due date of **[Date]**. This is a **[Single/Multiple]** pregnancy.

The patient's pregnancy is currently progressing normally and is considered uncomplicated. I have evaluated the patient and find her to be in good health and fit for air travel.

I have discussed the risks and precautions of travel with the patient. She is cleared to travel from **[Start Date]** until **[End Date]**.

Should you require any further information, please contact my office at **[Phone Number]**.

Sincerely,

**[Physician Signature]**  
**[Physician Name, MD/DO]**  
**[Clinic/Hospital Name]**  
**[License Number]**