

**Date:** [Insert Date]

**To:** [Airline Name / Customs Official / Whom It May Concern]

**Subject: Medical Clearance for Air Travel - Second Trimester**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Patient DOB]

**Estimated Date of Delivery (EDD):** [Insert Date]

**Current Gestational Age:** [Number] Weeks, [Number] Days

To Whom It May Concern,

I am the prenatal healthcare provider for [Patient Name]. I am writing to confirm that she is currently in her second trimester of pregnancy.

As of her most recent examination on [Date of Last Visit], the pregnancy is progressing normally and is considered uncomplicated. There are currently no medical contraindications to air travel.

The patient is cleared to travel by air between [Start Date] and [End Date]. At the time of the return journey, she will be [Number] weeks pregnant.

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

Sincerely,

[Doctor/Midwife Signature]

[Printed Name and Title]

[Medical Facility Name]

[Medical License Number]