

Date: [Insert Date]

To: [Airline Name / Authority Name]

Subject: Medical Clearance for Air Travel - [Patient Name]

To Whom It May Concern,

I am the attending [Physician/Obstetrician] for **[Patient Full Name]**, whose date of birth is **[Patient Date of Birth]**.

This letter confirms that I have examined the patient on **[Date of Last Exam]**. Her pregnancy is currently progressing normally without complications. She is carrying a [Single/Multiple] pregnancy.

Pregnancy Details:

- **Estimated Due Date (EDD):** [Insert Date]
- **Current Gestational Age:** [Insert Number] Weeks and [Insert Number] Days

At this time, there are no medical contraindications to air travel. I certify that the patient is fit to fly for the duration of her scheduled itinerary from **[Departure Date]** to **[Return Date]**.

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

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Medical License Number]

[Clinic/Hospital Name]

[Contact Information/Address]