

**Date:** [Date]

**To:** [Airline Name] Medical Department / Ground Staff

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

To Whom It May Concern,

I am the attending healthcare provider for [**Patient Full Name**], Date of Birth: [**DOB**].

I am writing to confirm that I have examined the patient and evaluated her pregnancy status. Please find the clinical details below:

- **Estimated Date of Delivery (EDD):** [Date]
- **Current Gestational Age:** [Number] weeks and [Number] days
- **Type of Pregnancy:** [Single / Multiple (e.g., Twins)]
- **Pregnancy Status:** [Uncomplicated / Normal]

Based on my medical assessment, the patient is in good health and is fit for domestic air travel. There are no medical contraindications to flying at this time.

**Authorized Travel Period:**

This clearance is valid for travel between [**Start Date**] and [**End Date**].

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

Sincerely,

[Doctor/Midwife Signature]  
[Doctor/Midwife Name and Title]  
[Medical License Number]  
[Clinic/Hospital Name]  
[Contact Information/Stamp]