

[Clinic/Hospital Letterhead]

[Physician Name]

[Physician Contact Information]

[Date]

To: [Airline Name] / To Whom It May Concern

Subject: Medical Clearance for International Air Travel

Patient Name: [Patient Full Name]

Date of Birth: [Date of Birth]

Passport Number: [Passport Number]

This letter serves to certify that I am the attending obstetrician for the above-mentioned patient. I have conducted a medical evaluation of the patient and confirm the following details regarding her pregnancy:

- **Estimated Date of Delivery (EDD):** [Date]
- **Current Gestational Age:** [Number] weeks and [Number] days
- **Number of Fetuses:** [Single / Multiple]
- **Pregnancy Status:** [Uncomplicated / Normal]

At the time of this examination, the patient is in good health and is not showing signs of premature labor or medical complications that would contraindicate air travel. I consider the patient fit to travel on international flights for the duration of her planned itinerary from **[Departure Date]** to **[Return Date]**.

The patient has been advised to stay hydrated, perform seated exercises, and use compression stockings as a precaution during the flight.

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

Sincerely,

[Signature]

[Physician Name and Title]

[Medical License Number]

[Clinic Stamp]