

**Date:** [Insert Date]

**To:** [Airline Name / Custom Authorities / Immigration Officer]

**Subject:** Medical Clearance for Air Travel - High-Risk Pregnancy

To Whom It May Concern,

I am the attending [Obstetrician/Maternal-Fetal Medicine Specialist] for **[Patient Full Name]**,  
Date of Birth: **[DOB]**.

The patient is currently **[Number]** weeks pregnant, with an estimated date of delivery (EDD) of **[Date]**. This pregnancy is classified as high-risk due to **[Briefly mention condition, e.g., Gestational Diabetes, History of Preterm Labor, Preeclampsia]**.

I have examined the patient on **[Date of last exam]** and have determined that she is clinically stable for air travel. I hereby provide medical clearance for her to travel by plane from **[Departure City]** to **[Destination City]** between the dates of **[Start Date]** and **[End Date]**.

**Travel Recommendations and Restrictions:**

- The patient should remain hydrated and perform frequent leg exercises/ambulation to prevent DVT.
- [Insert specific restriction, e.g., Compression stockings required / Limit flight duration to 4 hours].
- The patient is cleared for travel provided there are no acute changes in her condition prior to departure.

In the event of an emergency, I can be reached at the contact information provided below.

Sincerely,

[Physician Signature]

**[Physician Name, MD/DO]**

[Medical License Number]

[Clinic/Hospital Name]

[Phone Number]

[Email Address]