

**Date:** [Date]

**To:** [Airline Name/Relevant Authority]

**Subject:** Medical Clearance for Air Travel - Multiple Gestation Pregnancy

To Whom It May Concern,

I am the attending [Obstetrician/Healthcare Provider] for **[Patient Name]**, Date of Birth: **[DOB]**.

The patient is currently **[Number]** weeks pregnant with a **[Twin/Triplet]** gestation. Her estimated date of delivery (EDD) is **[Date]**.

I have evaluated the patient on **[Date of Last Exam]** and confirm that the pregnancy is currently uncomplicated. There are no signs of preterm labor or medical contraindications that would prevent her from traveling by air.

**Travel Details:**

- **Departure Date:** [Date]
- **Return Date:** [Date]
- **Fitness to Fly:** The patient is fit to fly for the duration of these flights.

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

Sincerely,

[Physician Signature]

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

[Medical License Number]

[Clinic/Hospital Name]

[Address]

[Phone Number]