

Date: [Insert Date]

To: Relevant Airline / Immigration Authorities

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

To Whom It May Concern,

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

I can confirm that I have examined the patient on **[Date of Last Exam]**. The patient is currently **[Number]** weeks pregnant, with an estimated date of delivery (EDD) of **[Date]**. This is a single, uncomplicated pregnancy.

At this time, there are no medical complications or contraindications that would prevent the patient from traveling by air. The patient is fit to fly for the duration of their planned travel from **[Departure Date]** to **[Return Date]**.

Should you require any further information, please contact my office at the details provided below.

Sincerely,

[Signature]

[Physician Name and Title]

[Medical License Number]

[Clinic/Hospital Name]

[Phone Number]

[Email Address]