

Date: [Date]

To: [Airline Name] Medical Department / Ground Staff

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 am writing to confirm that I have examined the patient and verified the following clinical 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 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 her scheduled itinerary from [**Departure Date**] to [**Return Date**].

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

Sincerely,

[Doctor's Signature]

[**Doctor's Full Name, MD/DO**]

[Medical License Number]

[Clinic/Hospital Name]

[Phone Number]

[Email Address]

[Clinic/Hospital Stamp]