

**Date:** [Date]

**To:** [Airline Name / Cruise Line Name / Immigration Authority]

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

To Whom It May Concern,

I am the obstetrician/healthcare provider for **[Patient Full Name]**, whose date of birth is **[Date of Birth]**.

I have examined [Patient Name] on [Date of Last Appointment]. I am writing to confirm that she is currently experiencing a healthy, uncomplicated pregnancy. Her estimated date of delivery (EDD) is **[Due Date]**. As of today's date, she is **[Number]** weeks and **[Number]** days pregnant.

At this time, there are no medical contraindications to travel. [Patient Name] is fit to travel by [Air/Sea/Land] for her babymoon vacation scheduled from **[Start Date]** to **[End Date]**.

Should you require any further medical information, please do not hesitate to contact my office at [Phone Number].

Sincerely,

[Doctor Signature]  
[Doctor Name, MD/DO/NP/CNM]  
[Medical Facility Name]  
[License Number]  
[Phone Number]