

**Date:** [Insert Date]

**To:** [Airline Name / Transport Provider / Immigration Authorities]

**Subject:** Medical Clearance for Repatriation - Pregnancy

**Patient Name:** [Full Name of Patient]

**Date of Birth:** [Date of Birth]

**Passport Number:** [Passport Number]

To Whom It May Concern,

I am the attending physician for [Patient Name]. This letter serves to provide medical clearance for her repatriation to [Destination Country].

**Pregnancy Details:**

Current Gestational Age: [Number] weeks and [Number] days.

Estimated Date of Delivery (EDD): [Date].

Type of Pregnancy: [Single / Multiple (Twins/Triples)]

**Medical Assessment:**

The patient has been evaluated and is currently in stable condition. The pregnancy is [Uncomplicated / Managed for specific condition]. I have assessed the risks associated with international travel and have determined that she is medically fit to travel via [Air/Land/Sea] for the purpose of repatriation.

**Travel Requirements:**

- The patient is cleared to travel between [Start Date] and [End Date].
- [Optional: Specify if medical escort, supplemental oxygen, or wheelchair assistance is required].

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

Sincerely,

[Doctor's Signature]

**Doctor's Name:** [Full Name]

**Medical License Number:** [License Number]

**Facility Name:** [Hospital/Clinic Name]

**Contact Information:** [Email/Phone]

[Hospital/Clinic Stamp]