

[Medical Professional's Letterhead]

[Doctor's Name/Clinic Name]

[Address]

[Phone Number]

[Email]

Date: [Current Date]

RE: Medical Clearance for In-Cabin Travel with a Guide Dog

Passenger Name: [Patient's Full Name]

Date of Birth: [Patient's Date of Birth]

To Whom It May Concern,

I am the treating [Job Title, e.g., Ophthalmologist/Physician] for [Patient's Name]. I am writing to formally confirm that my patient has a permanent visual impairment that qualifies as a legal disability.

Due to this visual impairment, [Patient's Name] requires the constant assistance of a professionally trained guide dog for mobility, safety, and orientation. This dog is a task-trained service animal and is not a pet.

I certify that [Patient's Name] is medically fit for air travel. It is medically necessary for the guide dog to accompany the patient in the aircraft cabin to ensure their safety and independence during the flight and throughout the transit process.

The guide dog is trained to remain calm in public settings and will stay at the passenger's feet during the duration of the flight.

If you require any further medical verification regarding this request, please contact my office directly.

Sincerely,

[Signature of Medical Professional]

[Printed Name of Medical Professional]

[Medical License Number]

[State/Country of Licensure]