[Clinic or Hospital Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Email Address]

Date: [Insert Date]

Subject: Certificate of Fitness to Fly

To Whom It May Concern,

This is to certify that I, **[Doctor's Full Name]**, have medically examined the following patient:

Patient Name: [Full Name as per Passport]
Date of Birth: [DD/MM/YYYY]
Passport Number: [Passport Number]

Based on my clinical assessment and the medical history provided, I find the patient to be in good health and clinically stable. In my professional opinion, the patient is currently **FIT TO FLY** and fit to travel internationally by air.

Additional Information (if applicable):
[Example: Patient is 28 weeks pregnant / Patient is carrying essential medication / Patient requires no special assistance]

This certificate is valid for travel from [Start Date] until [Expiry Date].

Should you require any further information, please do not hesitate to contact my office.

Sincerely,

[Signature]

[Doctor's Name]
[Medical License/Registration Number]
[Official Clinic Stamp]