**To Whom It May Concern**

**Medical Report**

**Name:**

|  |  |  |
| --- | --- | --- |
| D.O.B: | Gender: Female | Date: |
| Passport No.: | Nationality: |

**Last Menstrual Period:**

**Estimated date of Confinement:**

**Proposed date of air Travel:**

In my opinion, this lady has an uncomplicated single pregnancy of 27 weeks gestation and she is fit to fly for her booked journey with your airline.

This report was issued upon patient's request.