**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 weeks gestation and she is fit to fly for her booked journey with your airline.

This report was issued upon patient's request.