

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.