

CERTIFICATE FOR EXPECTANT MOTHERS

Name | First name _____

Age | Date of birth _____

PASSENGERS CONTACT INFORMATION

Phone _____

E-mail _____

Bookings reference | PNR _____

ROUTING

| From | To | Flight number | Date |
|------|----|---------------|------|
| | | | |
| | | | |
| | | | |
| | | | |

Weeks of Pregnancy on departure flight _____

Due date _____

Normal pregnancy, no restrictions for air travel

Risk pregnancy, air travel is not recommended

Physician's stamp (or physician's name, contact information and medical identification number) and signature