



EXPECTANT MOTHER FITNESS TO FLY CERTIFICATE

(To be completed by a registered medical practitioner)

Use this form for an uncomplicated pregnancy when travel occurs from week 29 up to 36 for single pregnancy and week 29 to 32 for multiple pregnancy. Complicated pregnancies require MEDIF and prior airline medical approval.

A. PASSENGER AND JOURNEY DETAILS	
Passenger Full Name:	
Booking Reference / Ticket no. :	Date of Birth:
Outbound Flight	Inbound Flight
To:	From:
Flight No. :	Flight No. :
Date:	Date:
B. PREGNANCY DETAILS	
Weeks of Pregnancy:	Expected date of delivery
Pregnancy type:	☐ Single ☐ Multiple: number expected _____
Clinical status	☐ Uncomplicated ☐ Complicated / MEDIF required
C. MEDICAL CERTIFICATION	
I certify that I have assessed the above-named passenger and, on the date of examination stated below: - the pregnancy is progressing without identified complication that would preclude commercial air travel; - the passenger is fit to undertake the journey stated above, including the return flight where applicable; and - there is no known medical reason why the passenger should not travel by air during the certified travel period.	
Fit to travel until	
Date of examination	
D. MEDICAL PRACTITIONER	
Name / Professional Title / Licence No.	
Contact Details	
Signature and Official Stamp	
E. PASSENGER DECLARATION AND PRIVACY CONSENT	
I confirm the information provided is accurate and consent to its processing and necessary disclosure for fitness-to-travel assessment, operational handling and assistance arrangements under the airline's privacy requirements.	
Passenger signature:	
Date:	

Please present this form at the check-in counter if requested.