

TO WHOM IT MAY CONCERN

Re: Patient name: _____

DOB: _____(DD/MM/YY)

Estimated Date of Delivery: _____(DD/MM/YY)

Proposed dates of air travel:

Date	Flight No.	From	To	Status

Additional Remarks: _____

In my opinion this woman has:

√ / X

- An uncomplicated single pregnancy of ____weeks gestation or
- A multiple / Complicated pregnancy of ____weeks gestation and

is "Fit to Travel" for the time covering the entire journey with no intended/voluntary stopover at the transit point with Qatar your airline.

Yours sincerely,

_____ Signature of Doctor

_____ Name & Contact of Doctor

_____ Doctor's and/or Clinic's stamp

Date: _____