



## CERTIFICATE OF MEDICAL FITNESS TO TRAVEL

Date: \_\_\_\_\_

Medical Practitioner/Officer Name: \_\_\_\_\_

Medical Facility/Office/Hospital Name: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Reservation/Booking Reference: \_\_\_\_\_

Cruise Embarkation Date: \_\_\_\_\_

# of Sail Days: \_\_\_\_\_

Cruise Ship: \_\_\_\_\_

I \_\_\_\_\_ < Medical Practitioner/Officer Name > \_\_\_\_\_ hereby attest that  
\_\_\_\_\_ <Insert Guest Name> \_\_\_\_\_ whose name is given above is fit to travel.

I deem the named guest to be in good physical health and free of any severe or chronic illness such as pulmonary and/or respiratory ailments and is medically fit to travel on the above listed cruise vacation.

Medical Practitioner's Signature: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Marks/Stamp of Identification: \_\_\_\_\_