



PREGNANCY CERTIFICATE

(fill the passenger name)

I certify that I have examined

On *(Date of examination)* and found her physically fit to travel by air as follows :

Date of Travel :

DEPARTING POINT

ARRIVAL POINT

ESTIMATE DATE OF BIRTH OF THE BABY

Physicians Name:

Address :

Date:

Signature:

Passenger Signature:

Form FL/MED/PRE/2024-01

FLIGHTLINK LIMITED

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