

FIT TO FLY MEDICAL CERTIFICATE

Patient Name: _____ Date of Birth: _____

Medical Practitioner Information:

Full Name: _____

Medical License Number: _____

Address: _____

Contact Phone/Email: _____

Flight Details:

Flight Number: _____ Departure Airport: _____

Destination Airport: _____

Medical Assessment:

I hereby certify that, after a thorough medical examination, the above-named patient is deemed fit to undertake air travel. This certification is based on current medical standards and does not guarantee the absence of all possible risks during flight.

Limitations and Recommendations:

The patient should adhere to any prescribed medication and treatments. No special assistance is deemed necessary on the flight unless noted below. If oxygen supplementation or other medical equipment is required, it must be arranged in advance with the airline.

Additional Notes:

Declaration:

I declare that the information provided herein is true and complete to the best of my knowledge. This certificate is issued without liability on my part or on the part of the medical institution, and is intended solely for the use of the patient and the airline.

MEDICAL PRACTITIONER SIGNATURE

PATIENT SIGNATURE

Signature: _____

Signature: _____

This Fit To Fly Medical Certificate is issued in accordance with applicable UK laws and regulations. The holder is responsible for complying with all airline-specific requirements and travel restrictions. The certificate remains valid only for its intended purpose and duration as stipulated by the issuing medical practitioner.

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