Date:

Name of the patient

**Subject: Fit To Fly**

To Whom It May Concern

I, (mention the name of the doctor), allow Mrs. ABC to travel based on her following medical credentials:

1. Medical tests
2. Urine test reports
3. Ultrasound
4. Blood tests

Mrs. ABC can also take part in other physical activities such as mild to moderate level sports and physical exercises.

Name of the doctor

Signatures

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