Date:

Subject: Medical clearance for Air travel

To Whom It May Concern

I hope this letter finds you well. I am Dr. [doctor name], and I am writing to confirm that [Patient Name], [Patient Date of Birth], is currently under my care at [Hospital Name]. She is [number of weeks pregnant] weeks pregnant, and for work purposes, she is required to travel on [date of intended travel] via [airline name] from [departure city] to [destination city]. This will be a [duration of flight] hour’s direct flight.

After a detailed examination on [mention examination date], I can confirm that [patient's full name] is in general in good health. To this point, her pregnancy is progressing as expected, without any hiccups. She has not experienced any complications, and her medical history does not indicate any future concerns that would prevent her from air travel at this stage of pregnancy.

Even with the pregnancy going ideally, I have still discussed the potential risks and precautions associated with air travel during pregnancy with [Patient's Full Name], and she is well-informed about the need to stay hydrated, move around occasionally during the flight, and follow any other guidelines recommended by the airline. Additionally, I have provided her with a detailed copy of her medical records, including information about her current pregnancy status and her due date.

As her primary OB/GYN, I hereby declare that [Patient's Full Name] is fit for air travel on the specified date. I would request that she be granted the required accommodations as per your airline's policies to ensure her comfort and safety during the journey.

Kindly feel free to reach out to me if you require any further information or clarification. I can be emailed at [your email information] or called at [phone number].

Thank you for your prompt attention to this matter. I look forward to [patient name] having a memorable trip with your esteemed airlines.

Sincerely,

[Your Full Name]  
[Your Medical License Number]  
[Your Contact Information]