

# Fit To Fly Health Certificate

|                       |       |        |       |
|-----------------------|-------|--------|-------|
| Name :                |       |        |       |
| Date of birth :       | Age : | y/o    | Sex : |
| No. of passport :     |       |        |       |
| Date of Examination : |       | Time : |       |

To Whom It May Concern :

This is to certify that above name's patient has been examined.

Diagnosis :

Travel Recommendation and Assessment (Please tick in the box):

- Fit to fly as normal seated passenger
- Fit to fly with medical escort(s) only
- Fit to fly with non-medical escort/family
- Not fit to fly/Travel only at patient's own risk

Special requirement(s),(Please tick in the box):

- None
- Economy class     Business class     First class     Stretcher
- Wheelchair     to Step     to Ramp to Seat(Cabin)     Oxygen supply
- Others(Please specify)

I understand the risk(s) involved in air travel and accept full responsibility for myself.

Signature, Patient :

Full name(Block letters) :

Date of Issue :

Signature of Physician :

Name of Physician :