

DOCTOR'S NOTE FOR AIR TRAVEL DURING PREGNANCY

This form should be completed by your designated obstetrician in order to confirm your safe air travel. This checklist will be examined by aviation medical doctor, and he/she may contact your obstetrician for further information if necessary.

The information collected will be used to evaluate the suitability of your air travel. You have the right to retain the information, but incorrect information may obstruct decision of suitability.

If your obstetrician is unable to fill out this form, medical certificate or doctor's note including below contents is also acceptable.

1. PASSENGER / AIR TRAVEL INFORMATION

NAME	
AGE	
FLIGHT SCHEDULE	

2. DELIVERY EXPERIENCE

PREVIOUS DELIVERY	<input type="checkbox"/> NONE	<input type="checkbox"/> YES (_____ times)
PRETERM DELIVERY	<input type="checkbox"/> NONE	<input type="checkbox"/> YES

3. CURRENT PREGNANCY INFORMATION

GESTATIONAL AGE (As of now)	WEEKS	DAYS
SINGLE/MULTIPLE PREGNANCY	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MULTIPLE (Number of fetus : _____)
EXPECTED DATE OF DELIVERY	DD / MM / YYYY	
PREGNANCY COMPLICATION (Premature rupture of membrane, placenta previa, preterm labour, etc)	<input type="checkbox"/> NONE	<input type="checkbox"/> YES(_____)
OPINION ABOUT AIR TRAVEL (Including return travel within 7 days)	<input type="checkbox"/> Suitable	<input type="checkbox"/> Unsuitable <input type="checkbox"/> Doctor's confirmation before return flight required

4. ADVICE / COMMENTS

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DATE OF COMPLETION:

NAME OF HOSPITAL/MEDICAL INSTITUTION:

LICENSE No:

NAME OF DOCTOR:

(Signature)