

CERTIFICATE FOR EXPECTANT MOTHERS

Fly All Ways

1. NAME

2. FIRST NAME

3. AGE / DATE OF BIRTH

4. PASSENGERS CONTACT INFORMATION

Phone :

Email :

5. BOOKINGS REFERENCE / PNR

6. ROUTING

from

to

flight number

date

7. WEEKS OF PREGNANCY ON DEPARTURE FLIGHT

8. DUE DATE

9. ☐ Normal pregnancy, no restrictions for air travel
☐ Risk pregnancy, air travel is not recommended

10. Is this the first pregnancy?

☐ YES ☐ NO

If not, were former pregnancies normal?

Physician's stamp (or physician's name, contact information and medical identification number) and signature: