

PREGNANCY INFORMATION FORM

Your patient has been asked to get this form completed in order for us to be satisfied that they are fit and well enough to undertake a long haul flight. We would be grateful if you could complete the form, which will then be passed to our experienced pre flight medical clearance team, who will make the final decision on fitness to fly.

Any fee for the completion of this document is the responsibility of the patient.

Name:	
Date of birth	Booking Ref:
Outbound: Date Flight Number From: To:	Inbound: Date Flight Number From: To:

1. Is this a single/multiple pregnancy? (Please delete as necessary)
- 2.. What is the estimated date of delivery (EDD)?
- 3(a) Have there been any complications with this pregnancy? Yes / No
- (b) If yes, please provide details in the box below

Form completed by:	Signed:
Date:	Practice Stamp or Address: