

Fit For Travel Medical Certificate

Name	.....
HN	.....	Date
Birth Date	.....	Age
Room	.....	Sex
Physician	.....
Date of Examination	.....	Time

To Whom It May Concern:

This is certify that above name's patient has examined and treated at our hospital as an:

Out patient in-patient on/during

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)

Physician's Signature Medical License No Telephone

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

Signature, Patient	Full name (Block letters)	Date
Other legally authorization	ID Number/Passport Number	Relationship to patient

Language used Translation

Witness/Translator

Witness

Note: the final decision on whether or not the patient is allowed to board the plane mainly relies on the concerned airline

จัดทำโดย ทีมนำทางคลินิก (อายุรกรรม) วันที่อนุมัติ วันที่มีผลบังคับใช้