

Fac simile

To be copied on the PRESCRIPTION PAD
of a SPECIALIST IN NEUROLOGY / PSYCHIATRY / NEUROLOGY

It is hereby certified that Mr/Mrs Date and place of
birth

Whom I have examined on (date) is suffering
from

Therefore, for the purpose of air travel from to

with the estimated duration time of hour/s, the patient is:

- | | | |
|--|---|--|
| <input type="checkbox"/> Fit to travel | <input type="checkbox"/> without escort | <input type="checkbox"/> Physician |
| | <input type="checkbox"/> with escort | <input type="checkbox"/> Nurse |
| | | <input type="checkbox"/> other specify |

Escort name Escort phone number

is not fit to fly

Date

Signature and stamp
