

Date and place: \_\_\_\_\_

Name of the hospital/  
medical station:

**FIT TO FLY MEDICAL CERTIFICATE**

I ..... certify that I have carefully examined...

Mr./Mrs. ....

Passport No.....

Based on the examination, I certify that he/she is in good mental and physical health and that he/she can travel by plane without medical assistance.

This Certificate issued to the interested party to serve and assert that of right.

.....

Signature and stamp