

TARCO AIR

MEDICAL CERTIFICATE OF FITNESS FOR AIR TRAVEL

I certify that (name):		age
<input type="checkbox"/> wishes	<input type="checkbox"/> needs	<input type="checkbox"/> urgently
		<input type="checkbox"/> transport by air
from	to	
suffers for (diagnosis need not be stated if in the doctor,s opinion such statement is contrary to his obligation of secrecy)		
I consider that patient can be transport in <input type="checkbox"/> pressurized cabin <input type="checkbox"/> not pressurized cabin <input type="checkbox"/> sitting <input type="checkbox"/> lying without obvious risk for his her health or danger for other passengers the disease is not disturbing or incontinent to the other passengers the patient <input type="checkbox"/> needs <input type="checkbox"/> does not need a special nurse or attendan . oxygen supply <input type="checkbox"/> need , quantity <input type="checkbox"/> no need		
Further notes:-		
place	date	Signature of doctor
address		
Official position		telephone

1/ للمستشفى معتمد التقرير.

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2/ الى محطة المغادرة.

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3/ الى محطة الوصول.