



## FIT TO FLY CERTIFICATE

**From :** Departure Hospital

**Date :**

**Time :**

### TO WHOMSOEVER IT MAY CONCERN

This is to state that patient Mr. / Mrs / Ms. \_\_\_\_\_ was admitted to \_\_\_\_\_ hospital in \_\_\_\_\_ city, under Dr. \_\_\_\_\_ supervision on \_\_\_\_\_.

His / Her relatives wish to shift him / her from \_\_\_\_\_ to \_\_\_\_\_ city for further management of the treatment.

The patient's relatives have been informed about the condition of the patient in their language.

I hereby state that the patient is fit to fly under medical supervision of intensivist / physician with the required medical support.

Thanks & Regards

Dr. \_\_\_\_\_

Contact no : \_\_\_\_\_

Email ID : \_\_\_\_\_

Signature of the Doctor

Hospital Seal