

Medical certificate



Traveller's name _____ D.O.B _____

Travelling to _____ Order number _____

Booking date _____ Departure date _____

Date and place of first doctor consultation for condition _____

Date of latest doctor consultation _____

Diagnosis _____

To be completed if traveler is ill:

- I advise against patient travelling. The patient's = traveler's condition does not allow travel.
- I do not advise against patient travelling. The patient's = traveler's condition allows travel.

To be completed if family member or relative is ill*

Name of family member / relative _____ Relationship _____

- I advise against travelling. The patient's = The family member's / relative's condition does not allow travelling.
- I do not advise against travelling. The patient's = The family member's / relative's condition allows travelling.

To be completed by Doctor:

- The illness / condition is an emergency
- The illness / condition was known prior to the booking being made
- Pregnancy

To be completed by Doctor

Doctor's signature and stamp

Place/Date _____

Signature _____

Print name _____

Workplace _____

Telephone _____

* Qualifying family member / relative includes spouse, children, grandchildren, siblings, parents, grandparents, parents-in-law.

Send to support@flysmarter.nl latest 10days after cancelling your reservation.