

PREGNANCY INFORMATION FORM

Your patient has been asked to get this form completed in order for us to be satisfied that they are fit and well enough to undertake a flight.

Any fee for the completion of this document is the responsibility of the patient.

Name:	Booking reference:
Date of birth:	

Outbound Date: Flight Number: From: To:	Return Date: Flight Number: From: To:
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1. Is this a single/multiple pregnancy? (Please delete as necessary)
2. What is the estimated date of delivery (EDD)?
3. (a) Have there been any complications with this pregnancy? Yes / No
(b) If yes, please provide details in the box below

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Form completed by:	Signed:
Date:	Practice stamp/address: