



PREGNANCY CERTIFICATE

I certify that I have examined ____ (1) _____
on _____ (2) _____ and have found her physically
able to travel by Air from __ (3) _____ to
__ (4) _____ on _____ (5) _____ and that
the estimated date of birth of the baby is ____ (6) _____
Date ____ (7) _____
Signed _____ (8) _____
Physician

FORM PS-05-29A (901-1361)
(Rev. 4/71)

Original: Local file
Duplicate: Captain of flight
Triplicate: Passenger

- 1" Fill in passenger's name
- 2" Date of Examination
- 3" Originating Point
- 4" Destined Point
- 5" Date of travel
- 6" Date of birth estimated
- 7" Date certificate issued
- 8" Signature of Physician