



PREGNANCY CERTIFICATE			
I certify that I have examined		<i>(fill passenger's name)</i>	
on	<i>(Date of Examination)</i>	and have found her physically able to	
travel by air from	<i>(Originating point)</i>		to
<i>(Destined point)</i>		on	<i>(Date of travel)</i>
and that the estimate date of birth of the baby is		<i>(estimated date of birth)</i>	
Date: <i>(Date certificate issued)</i>			
Physician's signature		Physician's name	

Form PS-05-29A (901-1361)

(Rev. 4/71)

Original: Local file

Duplicate: Captain of flight

Triplicate: Passenger