



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

1. 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

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

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