

# Fit To Fly Health Certificate

|                      |       |      |
|----------------------|-------|------|
| Name:                |       |      |
| Date of birth:       | Age:  | Sex: |
| No. of passport:     |       |      |
| Date of Examination: | Time: |      |

To Whom It May Concern :

This is to certify that above name's patient has been examined.

Diagnosis : real time RT-PCR test for SARS-CoV-2 (COVID-19): **Negative** (Not detected)

Travel Recommendation and Assessment (Please tick in the box):

- Fit to fly as normal seated passenger
- Fit to fly with medical escort(s) only
- Fit to fly with non-medical escort/family
- Not fit to fly/Travel only at patient's own risk

Special requirement(s), (Please tick in the box):

- None
- Economy class       Business class       First class Stretcher
- Wheelchair     to Step     to Ramp to Seat(Cabin)     Oxygen supply
- Others (Please specify)

I understand the risk(s) involved in air travel and accept full responsibility for myself.

Signature, Patient : \_\_\_\_\_

Full name(Block letters) : \_\_\_\_\_

Date of Issue : 26 OCT 2020

Name of Physician : SHUCHIN TEI

Signature of Physician : \_\_\_\_\_



THE WELLNESS CLINIC

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