Doctor's Note for Air Travel during Pregnancy

You must have your designated **obstetrician** complete this form to confirm that it is safe for you to fly on an aircraft.
This check list is to evaluate the patient passenger's health status by aviation medical doctor of Korean Air, and will be used for the patient passenger's air transportation purposes only. We might contact the attending physician for further information, in needed.
This document will be kept for 10 years, and you have the right not to agree. If you provide us inaccurate information, authorization might not be issued for the passenger's air travel.

If the obstetrician is unable to use this form, then the information may be included in the medical certificate or the doctor's note of the applicable hospital (medical institution).

1. Passenger and Travel Information	
Name	
Age	
Flight Schedule	

2. Birth History	
Normal Delivery	☐ None ☐ Yes (_____ times)
Preterm Delivery	☐ None ☐ Yes

3. Information about Current Pregnancy	
Gestational age (as of now)	weeks days
Single/Multiple pregnancy	☐ Single ☐ Multiple (Number of fetus: _____)
Expected Date of Delivery (EDD)	DD / MM / YY
Complication related to pregnancy (premature rupture of membrane, placenta previa, preterm labor, etc.)	☐ None ☐ Yes ( )
Opinion about Air Travel (including within 7 days of return schedule)	☐ Fit to travel ☐ Not fit to travel ☐ Doctor's confirmation needed before return flight

4. Advice or comments

Date : Hospital (specialist) :

License No. : Doctor's name : (Sign)