

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	<input type="checkbox"/> None <input type="checkbox"/> Yes (____ times)
Preterm Delivery	<input type="checkbox"/> None <input type="checkbox"/> Yes

3. Information about Current Pregnancy	
Gestational age (as of now)	_____ weeks _____ days
Single/Multiple pregnancy	<input type="checkbox"/> Single <input type="checkbox"/> 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.)	<input type="checkbox"/> None <input type="checkbox"/> Yes (_____)
Opinion about Air Travel (including within 7 days of return schedule)	<input type="checkbox"/> Fit to travel <input type="checkbox"/> Not fit to travel <input type="checkbox"/> Doctor's confirmation needed before return flight

4. Advice or comments

Date :

Hospital (specialist) :

License No. :

Doctor's name :

(Sign)