



## 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