# French BeeMedical certificate « Fit to Fly »

This medical certificate must be completed in full and be shown at the check in and at boarding

Boarding may be refused if this form is not totally completed.

## A. Passenger(s) and flight(s) information

* Passenger’s name:
* Reservation number:
* Date outbound flight: \_\_/\_\_/\_\_\_\_
* Flight Number:
* Date inbound flight: \_\_/\_\_/\_\_\_\_
* Flight Number:
* Certificate’s validity (max 6 months):

## B. Physician’s statement

### Passenger traveling with a plaster:

* Is permitted to travel in a pressurized cabin with a closed plaster: Yes / No

### Pregnant passenger:

* There are no contraindications for travel by plane: Yes / No
* Expected date of giving birth (format DD/MM/YYYY): \_\_/\_\_/\_\_\_\_

### Passenger that has been operated recently:

The date of operation allows the patient to travel by plane on the dates indicated above: Yes / No

### I examined the patient and made the following assessment of the state of health:

The patient can sit straight without assistance Yes / No

The patient is autonomous during flight: Yes / No

* Self-administration of medication and / or oxygen as required
* Consumption of food
* The use of toilets

The patient is able to understand and follow, without assistance: Yes / No

* Security instructions
* Emergency procedures
* All instructions in accordance with crew instructions

The patient does not require any emergency medical care during the flight: Yes / No

## C. Additional medical informations / notes

Fill in below:

Based on the above information, I hereby declare that passenger **[PASSENGER NAME]** is able to travel by air with French blue on the dates indicated in section A « Passenger(s) and flight(s) information ».

* Physician’s name:
* Cell phone number:
* Done at:
* Date (format DD/MM/YYYY): \_\_/\_\_/\_\_\_\_
* Signature / stamp: