

FIT TO FLY LETTER

To Whom It May Concern:

This letter is to certify that the undersigned passenger has undergone a thorough medical evaluation and has been found fit to travel by air. The examination was conducted in accordance with applicable medical standards and guidelines recognized by the United States federal aviation authorities and relevant medical boards. The signer attests that the passenger does not have any medical condition that would pose a risk to their own health or the safety of others during air travel.

Passenger Information:

Full Name: _____
Date of Birth: _____
Passport or ID Number: _____

Medical Evaluation Summary:

The passenger has been examined by a qualified medical professional. No infectious diseases, contagious conditions, or other health concerns have been identified that would contraindicate air travel. Vital signs and general health indicators are within acceptable ranges. Any necessary accommodations or restrictions for travel have been discussed and documented separately if applicable.

Recommendations and Restrictions:

At the time of this certification, there are no restrictions preventing the passenger from flying. If any changes in medical condition occur prior to travel, the passenger should obtain an updated medical clearance. It is advised to carry all relevant medications and documentation during travel.

Physician Information:

Full Name: _____
Medical License Number: _____
Contact Information: _____

Legal and Compliance Statement:

This Fit To Fly Letter is issued in compliance with all applicable United States laws and regulations governing medical fitness for air travel. The issuing physician affirms the accuracy and truthfulness of the statements contained herein and understands that this document may be relied upon by airlines, airport authorities, and other relevant entities. The passenger is responsible for adhering to all airline and governmental requirements related to health and safety during travel.

Acknowledgment:

The passenger acknowledges the medical evaluation and understands the responsibilities and obligations associated

with the certification. This letter does not exempt the passenger from other airport screening or security processes, nor does it guarantee the ability to board any flight.

PHYSICIAN'S SIGNATURE

PASSENGER'S SIGNATURE

Signature: _____

Signature: _____

Original source of this document:

<https://lettertemplate-us.com/fit-to-fly-letter/>

Did you find this template helpful?

Find more updated templates at:

<https://lettertemplate-us.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.
It is recommended to consult a legal professional for each specific case.