

FIT TO FLY HEALTH CERTIFICATE

Name: XXXXX XXXXX Date of Birth: 00 January 1900
Passport No.: AB00000 Nationality: JAPAN Sex: FeMale

I examined the person named above and hereby certify as follows.

Travel recommendation and assessment

- Fit to fly as normal seated passenger
- Fit to fly with medical assistant(s) only
- Fit to fly with non-medical assistant(s)/family member(s)
- Not fit to fly/ Travel only at patient's own risk

Special requirements

None

Date of Examination: 00 January 1900

Date of Issue: 00 January 1900

Tokushukai Medical Corporation
Sapporo Higashi Tokushukai Hospital
3-1, Kita 33 Higashi 14, Higashi-ku
Sapporo, Hokkaidō 065-0033 JAPAN
Tel.: +81-11-722-1110

Physician's Name: xxxxx XXXXX, M.D. (漢字氏名)

Physician's Signature: _____