

**Medical certificate for pregnant passenger travelling 4-2 weeks before delivery or  
expecting twins travelling 12-8 weeks before delivery**

**Passenger name:**

**Reservation number:**

**Expecting twins:** ☐ Yes ☐ No

**Date for expected delivery and week of pregnancy:**

**Name and phone number of treating doctor:**

**Doctor's signature and date:**

**NB:** If expecting more than one baby or if travel time exceeds more than 4 hours, please contact SAS Medical Sales for further instructions. Certificate must not be more than 10 days old.