



**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

FORM PS-05-29A (901-1361)  
(Rev. 4/71)

**Original: Local file**  
**Duplicate: Captain of flight**  
**Triplicate: Passenger**

- 1" Fill in 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