
Medical Certificate

Date of Issue

Name	
Gender	
Date of Birth	
Address	
Patient ID	

This is to certify the following information about the above-mentioned person.

Medical Condition	
· Ultrasound confirmed expected date of delivery (EDD)	
· That the pregnancy is low risk	YES <input type="checkbox"/> NO
· That the guest is fit to sail on board a ship with no immediate access to specialist obstetric or neonatal care	YES <input type="checkbox"/> NO

Comments	
----------	--

Address

Agreement

I hereby authorize _____ (Name of nominated attending physician)
to provide the Cruise Line with information required by the Cruises Line' medical department for the purpose of
determining my fitness for carriage by cruise and travel in consideration there of,
I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information and
agree to meet such physician's fees in connection therewith.

Date: _____ Passengers signature: _____