



## Medical certificate for conditions preventing the wearing of a face mask

The below named individual is unable to wear a face mask covering their mouth and nose due to an underlying disability. Their disability is not related to COVID-19. The certificate holder is fit to travel for the duration of their flight, which is \_ \_ \_ hours.

This certificate is valid for 21 days from the date of issue for the duration of the entire journey (origin, return and stopover) when presented with a negative COVID-19 PCR test result.

### Certificate holder:

Surname: First name:

Date of birth:

Passport number:

**Healthcare provider:** Doctor/

practitioner's full name: License

number:

Telephone:

Signature of medical doctor:

Date: