

空路での移動に適した健康状態に関する医療診断書  
Fit For Travel Medical Certificate

Name	氏名 (パスポート表記通りのローマ字で)		
HN	—	Date	渡航日 (日/月/西暦)
Birth Date	生年月日 (日/月/西暦)	Age	年齢
Room		Sex	性別
Physician	診断担当医師の氏名 (ローマ字で)		
Date of Examination	診断日 (日/月/西暦)	Time	時刻

To Whom It May Concern:

This is certify that above name's patient has examined and treated at our hospital as an:

Out patient       in-patient on/during .....

Diagnosis : .....

Travel Recommendation and Assessment (Please tick in the box):

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

私は、空路での移動における危険について理解し、自己責任を負うことを認めます。

Special requirement(s), (Please tick in the box):

- None
- Economy class     Business class     First class Stretcher
- Wheelchair     to Step     to Ramp to Seat (Cabin)     Oxygen supply
- Others (Please specify) .....

Physician's Signature ..... Medical License No ..... Telephone .....

I understand the risk(s) involved in air travel and accept full responsibility for myself

受診者署名 Signature, Patient	受診者氏名 (ローマ字で) Full name (Block letters)	受診日 (日/月/西暦) Date
	パスポート番号 ID Number/Passport Number	
Other legally authorization		Relationship to patient

Language used Translation      Witness/Translator      Witness  
(if required)  
Note: the final decision on whether or not the patient is allowed to board the plane mainly relies on the concerned airline

注意：受診者の搭乗が許可されるか否かの最終判断は、主に航空会社によるものとします。