

Medical certificate:

Wearing of a mouth-nose cover

I hereby confirm,	
Name of Physician in capitals / stamp	
that	
Given Name, Name	Date of birth
cannot wear a mouth-nose cover/"Communi Nevertheless, the person mentioned above is	ity mask" due to an underlying medical condition. s fit to fly.
	e COVID-19 test (PCR test). The negative test an 48 hours prior to flight departure. This applies
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Place, Date	Physician's signature