



Medical certificate:

# **Wearing of a medical protective mask**

I hereby confirm,

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Name of Physician in capitals / stamp

that

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Given Name, Name

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Date of birth

cannot wear a medical protective mask (colloquial term "surgical mask") or masks of the FFP2, KN95 and N95 standard due to an underlying medical condition. Nevertheless, the person mentioned above is fit to fly.

**This document is only valid with a negative COVID-19 test (PCR test).** The negative test result must be dated and issued no more than 48 hours prior to flight departure. This applies to both the outbound and the return flight.

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Place, Date

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Physician's signature