



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/ "Community mask" 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.

---

Place, Date

---

Physician's signature