

Dear attending doctor,

Mr/Mrs _____ is planning to travel on the below flights.

Flight Information		
Outbound flight		
Date: _____	From: _____	To: _____
Flight Number: _____	Flight duration: _____	Hours _____
Return flight		
Date: _____	From: _____	To: _____
Flight Number _____	Flight duration: _____	Hours _____

It is Condor/Thomas Cook Airlines responsibility to ensure a safe journey for our customers and their fitness to fly. That includes a stable state of health.

Please consider that travelling on an aircraft at altitude can have severe impact on a medical condition (e.g. significant drop in oxygen saturation and this could therefore lead to severe hypoxemia). For further details you can find the requirements for medical clearance of Thomas Cook Group Airlines attached.

My patient has the following medical condition:

Please choose **one** of the options below:

I have read the given information. In my judgement my patient is **fit to fly** on the stated flights according to the attached requirements for medical clearance on Thomas Cook Airlines / Condor flights.

I have read the given information. In my judgment my patient is **fit to fly** on the stated flights **with the following additional requirements** (additional costs may apply for special requirements e.g. extra seat) according the attached requirements for medical clearance on Thomas Cook Airlines / Condor flights:

I have read the given information. In my judgement my patient is **not fit to fly** on the above mentioned flights.

Place _____ Date _____

Signature of the attending doctor _____
(by hand)