

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 based on molecular biological principles (PCR test).

Place, Date

Physician's signature