



PREGNANCY CERTIFICATE

I certify that I am physically able to travel by air from (1)_____to
_(2)_____on_(3)_____and that the estimated date of birth of
the baby is _(4)_____.

I/we hereby release Zambia Airways from all liability in connection with my/our travelling under these conditions.

Date _(5)_____ Signed _(6)_____

_(7)_____

Next of Kin

Original: Local file

Duplicate: Captain of flight

Triplicate: Passenger

Key

1" Fill in the originating station

2" Destined station

3" Date travel commence

4" Date birth of the baby estimated

5" Date certificate issued

6" Signature of passenger

7 * Signature of closest relative/next
of kin



PREGNANCY CERTIFICATE			
I certify that I have examined		(fill passenger's name)	
On	(Date of Examination)	And I have found her physically able to travel by air	
From	(Originating point)		
To	(Destination point)	On	(Date of travel)
and that the infant's expected date of birth is:		(estimated date of birth)	
Date:		(Date certificate issued)	
Physician's signature		Physician's name	

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