

Medical Statement for Airplane Travel

Date: _____

To Whom It May Concern,

This letter is to certify that **[Patient's Name]**, born on **[Date of Birth]**, is under my care for a medical condition that requires special consideration during air travel.

[Patient's Name] has been diagnosed with **[Medical Condition]**, which may necessitate **[specific accommodations, e.g., use of oxygen, wheelchair assistance, etc.]** during the flight. I recommend that the following arrangements be made to ensure their comfort and safety:

- _____
- _____
- _____

Please allow **[Patient's Name]** the necessary accommodations as suggested above. If further information is required, I can be contacted at **[Phone Number]** or **[Email Address]**.

Thank you for your attention to this matter.

Sincerely,

[Doctor's Name]
[Medical License Number]
[Clinic/Hospital Name]
[Address]
[Contact Information]