## **DOCTOR’S NOTE FOR FLIGHT/AIRTIME**

**MEDICAL CERTIFICATE**

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| --- |
| **Doctor’s Name:** |
| **State/City/ Road:** |
| **Patient’s Name:** |
| **Gender:** |
| **Age:** |
| **Date:** |

I write this note to confirm that **[patient’s name]** is unfit for air travel. After my examination, i found that [patient name] is suffering from colon cancer and requires an urgent surgery in the next one week. In this respect, please cancel his flight booking.

Thank you for your assistance.

**[Doctor’s Name]**

**[Doctor’s Signature]**

**[Email]**