

PREGNANCY INFORMATION FORM
To be Completed by the Attending Medical Doctor

This form is intended to provide CONFIDENTIAL information to enable the airlines' MEDICAL Department to assess the Fitness of the Pregnant passenger to travel. Yes/No boxes should be completed with a cross "X" in the relevant box.

This form must be returned to RwandAir Medical and Occupational Health department at least 72 hours before departure via email medif@rwandair.com for Assessment and approval.

MEDA01	NAMES:	GENDER:	AGE:
MEDA02	Attending Doctor's Name:	Telephone Contact Business:	Name of Hospital or clinic & specialty:
MEDA03	Pregnancy Information in Detail:	Last Menstrual Period:/...../.....	Expected Date of Delivery: / /
		Gestational Period: Weeks and days	
MEDA04	Current Clinical Status (including vital signs as clinically indicated) 		
	BP:	Pulse:	GCS:
MEDA05	Temp: RR: Oxygen saturation (Room Air):		
	Passenger itinerary: From.....to		

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MEDA06	<p>GUIDANCE: Pregnant passengers are not permitted to fly after 32 weeks of a multiple pregnancy or 36 weeks of a single pregnancy.</p> <p>However, within these limits, travel on our short-haul flights may be permitted subject to assessment and approval by our MEDIF team.</p>	Singleton pregnancy <input type="checkbox"/> Multiple pregnancy <input type="checkbox"/>
MEDA07	Is there any complications with her pregnancy?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Specify
MEDA08	Is there any existing health condition not related to pregnancy?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Specify
MEDA09	Is the pregnant mother fit to fly?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how many hours

DECLARATION FORM
To be completed by the ATTENDING DOCTOR

Attending Doctor's stamp and Signature: I have read and understood all parts of the pregnancy medical form. License/Provider Number: Date:	Official Stamp
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Passenger's Declaration

I, _____, hereby authorize _____ (name of nominated doctor) to complete this pregnancy medical form for the purposes indicated overleaf. In providing this authorization, I release the doctor from his/her professional duty of confidentiality with respect to the information required for this form, and I consent to the sharing of my relevant health information.

I acknowledge that my journey is subject to the applicable General Conditions of Carriage.

I understand that I travel by air at my own risk and accept full responsibility for any effects this may have on my health.

I release the carrier, its employees and agents from any resulting liability and agree to bear any special expenses or costs related to my travel.

Passenger's Name:

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I have read and understood the pregnant form

Signature.....

Date.....