

Please complete the form in block letters

A Name of Passenger:	Age:		
B Address:	Contact No(s):		
C Age of Pregnancy:	Months	weeks	and days

PART 1: To be completed by expectant mother up to 28 weeks of pregnancy

D Proposed Itinerary			
Routing From	Flight No:	Date:	Booking ref
To			
E Passenger's Declaration:			
<p>I, the undersigned, hereby state that as of the date hereof, the age of my pregnancy is month(s) week(s) and day(s) and that I do not suffer from any abnormality connected with my current pregnancy. I hereby take full and exclusive responsibility for any error or misrepresentation for the above statement, whether intentional or otherwise and I will not hold Proflight Zambia, its officers or employees liable for any injury, aggravation, deterioration in my health or that of my unborn child.</p> <p>I understand and acknowledge that expectant mothers beyond 28 weeks of pregnancy and those who may suffer from any complication or difficulty due to pregnancy regardless of the age of their pregnancy are required to submit personal physician's clearance (Part II) before they are allowed to travel by air.</p> <p>I warrant that I have read and understood the above and that I voluntarily agree to be bound thereby.</p>			
<hr style="width: 20%; margin-left: auto;"/> Signature of Passenger			

Part 2: To be completed by attending physician of expectant mother beyond 28 weeks and not more than 36 weeks of pregnancy

F Name of attending physician:	
G Clinic address:	
H Telephone No(s)	Business: Home:
I Diagnosis:	
J Other remarks or information in the interest of your patient's safe transportation:	
K Is the passenger fit to travel?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<hr style="width: 20%; margin-left: auto;"/> Physician Signature	Date & Stamp
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EXPECTANT MOTHERS 36 WEEKS AND BEYOND SHALL NOT BE ACCEPTED FOR CARRIAGE ON PROFLIGHT ZAMBIA