

# Medical Certificate for Air Travel with a Cast

**Patient name:**

**Personal ID number:**

This is to certify that the above-mentioned patient has sustained a fracture and was fitted with a cast on (date): \_\_\_\_\_

The cast is not circumferential, it does not fully encircle the extremity and can therefore be opened without special tools, if necessary.

Following a medical assessment, it is considered safe for the patient to undertake air travel.

The patient has been informed to notify cabin crew in case of any worsening of their condition during the flight.

Best regards,

Physician's name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Emergency department**

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