

**MEDICAL CERTIFICATE FIT TO FLY KLM EMPLOYEES (PILOT OR CABIN ATTENDANT)**

*This Medical Certificate must be complete in full, and handed to the patient*

*This form is only used to inform the employer that the employee is fit to fly and/or if the employee is able to work during the flight.*

**Part A: to be completed by KLM/KLC employee**

<b>Personal details</b>	
Name (family name & initials):	M/F
Date of birth:	
Adress:	
PC/Town:	
Country:	
KLM/KLC pers. nr	
<b>Details of treatment and flight</b>	
Next flight (flight nr. and date)	
Destination	

**Part B – To be completed by Medical Doctor**

<b>Personal details doctor</b>
Name:
City:
Country:
Phone :
E-mail:
<b>Statement on medical condition/fitness to fly</b>
I hereby state, that I treated the employee mentioned above. His/her medical condition is as such that he/she:
<input type="radio"/> Not fit to fly to board te flight mentioned above
<input type="radio"/> Board the flight mentioned above as a non-working passenger
<input type="radio"/> Can board the flight mentioned above an perform his/her working duties
Date:
Signature: