

_____ municipal prenatal center

CERTIFICATE

This is to certify that _____, 19__ year of birth, is registered at the women's consultation № __ on the __th week of pregnancy.

Diagnosis: Pregnancy: __ weeks. Singleton. Childbirth: future.

There are no contraindications for the air flight.

___. __. 20__

signature

doctor _____

Round seal

Doctor

*True and correct translation from Ukrainian into English made by freelance translator
Daria Taravska
Переклад з української на англійську мову виконав позаштатний перекладач
Таравська Дарія*

DARIIA TARAVSKA