## **Doctor’s note for flight/airtime**

Medical certificate

[Doctors name]

State/City/ Road

Name \_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

I write this note to confirm that [patient’s name] is unfit for air travel. After my examination, i found that [patient name] is suffering from colon cancer and requires an urgent surgery in the next one week. In this respect, please cancel his flight booking.

Thank you for your assistance.

[Doctors signature]

Dry Matthew Edwin