## Fit note for travel

XXX Health center

State

Name……………………….gender………………..age……………….date……………

Dear………………

Kindly excuse…………………………from the travel. He/she has been diagnosed with depression and is under medication. He/she is not safe to travel by flight. You are advised to give him/her an alternative travel mode or even excuse him/her from the task fully.

Thank you

Yours sincerely

Doctor’s Name

Signature