

CERTIFICATE OF MEDICAL FITNESS TO TRAVEL

Medical Practitioner/Officer Name: _____

Medical Facility/Office/Hospital Name: _____

Guest Name: _____

Reservation/Booking Reference: _____

Cruise Embarkation Date: _____

of Sail Days: _____

Cruise Ship: _____

I _____ < Medical Practitioner/Officer Name > _____ hereby attest that
_____ <Insert Guest Name> _____ whose name is given above is fit to travel. I deem
the named guest to be in good physical health and free of any severe or chronic illness such as pulmonary
and/or respiratory ailments and is medically fit to travel on the above listed cruise vacation.

Medical Practitioner's Signature: _____

Registration Number: _____

Marks/Stamp of Identification: _____