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University Health Service

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PRIVATE AND CONFIDENTIAL
TO WHOM IT MAY CONCERN

FITNESS TO FLY CERTIFICATION

| Patient declaration (to be completed by the traveller) | |
|---|------------------------|
| Full name: | Date of birth: |
| <input checked="" type="checkbox"/> I declare that, at the time of signing, I have not had a cough or high temperature (fever) or a loss or change to my sense of smell or taste in the previous seven days and have not lived with, or been in close contact with, anybody with a cough or high temperature (fever) or a loss or change to their sense of smell or taste for the previous 14 days. | |
| <input checked="" type="checkbox"/> I certify that I will not attempt to travel if I get a cough or a high temperature (fever) or a loss or change to my sense of smell or taste between the date of this signature and the time of travelling/boarding the plane. | |
| Signed: | Date: |
| Doctor's statement (to be completed by the clinician) | |
| On review of the clinical records I can confirm that they contain nothing that contradicts the patient declaration above. | |
| Signed: | Date: |
| Clinician: Name: Dr. Qualifications: Address: University Health Service University of Southampton Highfield Southampton SO17 1BJ | Practice stamp: |