



To be transmitted to:

Belgian Civil Aviation Authority
Rue du Progrès 56
1210 Brussels
Email : aspa.exemptions@mobilite.fgov.be

MEDICAL CERTIFICATE

By this document, the Doctor certifies that,

Patient name :

Surname :

Date of birth :

is on board of flight performed by (Aircraft Operator).

Date of the flight:

Signature of the doctor in charge:
