



EXPECTANT MOTHER INFORMATION SHEET

FORM NO. 003-2012

PART 1 TO BE ACCOMPLISHED BY THE EXPECTANT MOTHER NOT BEYOND SIX (6) MONTHS PREGNANT.

FLIGHT ITINERARY

ORIGIN	DESTINATION	AIRLINE CODE	FLIGHT NUMBER	DEPARTURE DATE	STATUS

NAME OF PASSENGER:	AGE:
AGE OF GESTATION: _____ MONTHS and _____ WEEKS	
IS PASSENGER FIT TO TRAVEL BY AIR? <input type="checkbox"/> YES <input type="checkbox"/> NO	

I, the undersigned confirm and certify as of the date hereof, that all information I stipulated on this form are true and correct. I hereby take full responsibility for any error, omission and misinterpretation in the above statements.

I hereby hold Magnum.Air (SKYJETAIR) Inc., its officers, employees and agents harmless from any claim or liability in law or equity and I waive all remedies available therefore for any injury ,aggravation, deterioration in health or any damage to myself or my unborn child.

In special cases where in it involves the utilization of Special Equipments and Tools (e.g. wheelchair), which do not belong and directly controlled by the carrier but was under and belongs to Global Aerospace Aviation (third party service provider), I will hold the latter of any claim and liability in law or equity and I waive all remedies available for any injury,aggravation,deterioration in health or any damage to myself or my unborn child as a result of the assistance or handling extended by the Global Aerospace Aviation's agents. I also agree to reimburse Global Aerospace Aviation for any damage I have caused with the equipment.

I acknowledge that expectant mother beyond six (6) months age of gestation and those suffering from any complication or difficulty due to pregnancy regardless of the age of gestation are required to accomplish and submit personal physician's clearance (PART II) before they are allowed to travel.

I confirm that I have read and understood the abovementioned statements and that I voluntarily agree to be bound thereby.

FOR EXPECTANT MOTHERS BELOW AGE OF 18 or 21, THIS FORM SHALL BE CO-SIGNED BY HER HUSBAND OR PARENT OR GUARDIAN.

Name and Signature of Passenger

Name and Signature of Husband/Parent/Guardian

PART 2 TO BE ACCOMPLISHED BY PERSONAL PHYSICIAN OF THE EXPECTANT MOTHER BEYOND SIX MONTHS BUT NOT BEYOND EIGHT (8) MONTHS.

NAME OF PASSENGER:	AGE:
AGE OF GESTATION: _____ MONTHS and _____ WEEKS	
DETAILED DIAGNOSIS:	
PROGNOSIS FOR THE TRIP:	
ATTENDING PHYSICIAN:	
ADDRESS:	
CONTACT NUMBERS:	MOBILE:

Physician's Name and Signature

Place

Date

IMPORTANT REMINDERS

Medical Certificate must be attached and must be submitted to the airline ticket office and check in counter.
 Validity of Expectant Mother Form Sheet (EMIS FORM) for DOMESTIC FLIGHTS is three (3) days from the date of issue.
 Travel must fall within the validity period.