



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 _____ hereby attest that
_____ 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 Practitioners Signature: _____

Date of Authorization: _____

Registration Number: _____

Marks/Stamp of Identification: _____