



EXPECTANT MOTHER FORM

To be accomplished by expectant mother

Please answer all questions using block letters. Put check mark in the appropriate boxes.

NAME OF PASSENGER _____

PROPOSED ITINERARY _____

	ROUTING	FLIGHT NO.	DATE
FROM	_____	_____	_____
TO	_____	_____	_____
TO	_____	_____	_____

Validity of form date of issue: INTERNATIONAL - 7 DAYS (Travel must be within validity period)

AGE OF GESTATION

<input type="checkbox"/>	less than 28 weeks & days
<input type="checkbox"/>	28 weeks & days
<input type="checkbox"/>	32 weeks & days
<input type="checkbox"/>	36 weeks & days

Other requirement or relevant information: None Specify, if any: _____

Passenger Declaration

I, the undersigned hereby expressly state and represent that as of the date hereof, the age of gestation of my pregnancy is month(s) and week(s) and that I do not suffer from any abnormality connected with my current pregnancy. I hereby take full and exclusive responsibility for any error or misrepresentation in the above statements, intentional or otherwise, and I hereby hold **Red Sea**, its officers, employees, and agents harmless from any claim and/or liability in law and equity and I waive all remedies therefore for any injury, aggravation, deterioration in health or, any damage to myself or my unborn child due to thereto except where such injury, aggravation, deterioration in health or damage is due to gross negligence or willful misconduct of **Red Sea** its officers, employees or agents.

I understand and acknowledge that expectant mothers beyond six (6) months age of gestation and those who suffer from any complication or difficulty due to pregnancy regardless of age of question are required to submit personal physician's clearance before they are allowed to travel by air.

I warrant that I have read and understood the foregoing and that I voluntarily agreed to be inbound thereby.

For expectant mother below age of 18 to 21 (whichever is the applicable legal age at the country of commencement of travel) this form shall be co-signed by her husband of parent or guardian.

Signature of Passenger _____

Address: _____

Name of Husband/Guardian: _____

Signature _____

Note: Even if the passenger has complied with the standard requirements of the airline which is to present a valid medical certificate and the required form (Expectant Mother), The Captain reserves the right to not to accept the passenger on board.

RSX / GRH / 624

Rev 01, Issue date 15-Feb-23

