



EXPECTANT MOTHER'S INFORMATION SHEET (EMIS)

Please complete the form in block letters.

A	Name of Passenger:	Age:
B	Address:	Contact No(s):
C	Age of Gestation: _____ months _____ weeks and _____ days	

PART 1: To be accomplished by expectant mother up to the sixth (6th) month of pregnancy

D	Proposed Itinerary					
	Routing	Carrier	Flight No.	Class	Date	Booking Ref.
	From					
	To					
	To					
E	<p>Passenger's Declaration: (Where needed, to be read by/to passenger, dated and signed by him/her, or on his/her behalf).</p> <p>I, the undersigned hereby expressly state and represent that as of the date hereof, the age of gestation of my pregnancy is _____ month(s) _____ week(s) and _____ day(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, whether intentional or otherwise, and I hereby hold PAL, 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 my health or any damage to myself or my unborn child due thereto except where such injury, aggravation, deterioration in health or damage is due to the gross negligence or willful misconduct of PAL, its officers, employees or agents.</p> <p>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 the age of gestation are required to submit personal physician's clearance (Part II) before they are allowed to travel by air.</p> <p>I warrant that I have read and understood the foregoing and that I voluntarily agree to be bound thereby.</p>					
	<p>_____</p> <p style="text-align: center;">Signature of Passenger</p>					
	<p>For expectant mothers below age of 18 or 21 (whichever is the applicable legal age at the country of commencement of travel), this form shall be co-signed by her husband or parent or guardian.</p>					
	Name:(Print & Sign)			Relation to Passenger:		

PART 2: To be accomplished by attending physician of expectant mother beyond six (6) months of pregnancy

F	Name of attending physician:				
G	Clinic Address:				
H	Telephone No.	Business:	Home:		
I	Diagnosis:				
J	Other remarks or information in the interest of your patient's safe and comfortable transportation: <input type="checkbox"/> None Specify if any: _____				
K	Is passenger fit to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO		Physician's Signature		Date:

PART 3: ****To be accomplished by PAL physician ONLY** for expectant mother beyond eight (8) months of pregnancy

L	Diagnosis:				
M	Other remarks or information in the interest of your patient's safe and comfortable transportation: <input type="checkbox"/> None Specify if any: _____				
N	<input type="checkbox"/> Clearance for air travel DENIED <input type="checkbox"/> CLEARED for air travel until _____		<p>_____</p> <p style="text-align: center;">Printed Name and Signature of PAL Physician</p>		PAL Medical Location: Date:

Cabin attendants are NOT authorized to give special assistance to a particular passenger to the detriment of their services to other passengers. Additionally, they are trained only to render FIRST AID and are NOT PERMITTED to administer any injection or give any medication.

Expectant mothers beyond the 35th week of pregnancy shall not be accepted for carriage by PAL