

Certificate:

# Wearing of a mouth-nose cover

I hereby confirm,

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Name of Physician in capitals / stamp

that

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Given name, Surname

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Date of birth

cannot wear a mouth-nose cover/ "Community mask" due to an underlying medical condition. Nevertheless, the person mentioned above is fit to fly.

**This document is only valid with a current (not older than 48h), negative COVID-19 test result\* based on molecular biological principles (PCR test).**

\*For each flight, out- and inbound, current negative Covid-19 tests are required. This form and the valid negative COVID-19 test are to be presented to the crew proactively upon boarding.

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Place, Date

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Physician's signature