



**FLYING DURING PREGNANCY (FORM C)**

**36<sup>th</sup> week of pregnancy and beyond (twin/multiple pregnancy not able to fly after 32<sup>nd</sup> week)**

If you are in your 36<sup>th</sup> week of pregnancy and beyond, we require a medical certificate signed by your doctor within the last 7 days confirming you are fit to travel.

I \_\_\_\_\_ (full name of passenger) confirm that:

1. The estimated delivery date is.....
2. My doctor's name is .....
3. My doctor's address is.....  
.....  
.....
4. My pregnancy is progressing as normal and it's not a twin/multiple pregnancy
5. My doctor/gynaecologist has confirmed that it is safe to fly during my pregnancy
6. I have attached a copy of my doctor's medical certificate to this form

**This form collects personal data used for the following purpose:**

Where we need to protect your interests and your safety.

**Consent**

By consenting to this form and any information contained on it, you are giving us the permission to retain your personal information in paper form. Aurigny Air Services will destroy the form in a secure manner and will keep the form no more than 12 months after the baby's due date.

**Disclosure**

Aurigny Air Services will not pass on your personal data to third parties without first obtaining your consent.

**Principles of data protection**

We are required under the Data Protection Legislation Regulation to notify you of the information contained in the Privacy Policy.

Our Privacy Policy is available on our website [www.aurigny.com](http://www.aurigny.com).

I have read and agree to these terms.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_