



**TO: Miracle Flights for Kids**  
**SUBJECT: Medical Doctor's Certification of Patient Flight**

I, \_\_\_\_\_, M.D., do hereby certify that my patient,  
 \_\_\_\_\_,  
 \_\_\_\_\_, is medically/mentally stable and can be  
 \_\_\_\_\_,  
 \_\_\_\_\_, is medically/mentally stable and can be  
 safely transported on a commercial aircraft provided by **MIRACLE FLIGHTS FOR KIDS** without  
 charge, for the purpose of transporting said patient to and/or from:

\_\_\_\_\_  
 (Treatment Facility Name)

\_\_\_\_\_  
 (City and State)

*for* \_\_\_\_\_  
 (Type of Treatment)

- I will inform **MIRACLE FLIGHTS FOR KIDS** of any change in this patient's stability status that would **VOID this** certification. \_\_\_\_\_  
 (Dr. initials)
- I further certify that the above mentioned patient does not pose a health risk from any communicable diseases. \_\_\_\_\_  
 (Dr. initials)

All Appointment Date(s): \_\_\_\_\_ Appointment Time: \_\_\_\_\_ Return Date: \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Oxygen Required  Yes  No *If yes, letter signed by physician is also required indicating rate of flow and how administered.*  
 Rate of Flow \_\_\_\_\_  
 Will patient provide own concentrator?  Yes  No Additional Comments: \_\_\_\_\_

**Note: Physician's signature is valid no more than 60 days prior to appointment date.\*\* In addition to this form, Miracle Flights for Kids requires a doctor's statement on letterhead from both physicians confirming medical diagnosis/condition, reason for travel, all appointment date(s), and the return date.**

**MIRACLE FLIGHTS FOR KIDS**