AIRFRANCE

Medical prescription form*

Mask exemption

I,
Physician Name (all caps)

Certify that my patient.

…….. …….....
First name / Last Name Birthdate

Meets the conditions for mask exemption as stipulated in French Decree No. 2021-699 of June 1, 2021, which states:
"The obligations to wear a mask provided for in this decree does not apply to people with disabilities who have a medical certificate justifying this exemption."

This form has been completed at the person's request and delivered in person.

This document is intended to supplement other required health documents, which may be required for air travel.

…… ……...
Time and place Physician Signature and legible Stamp

* This form is only valid for travel with Air France