



Medical Exemption Form*

Surgical Mask Waiver

I,

.....
Physician Name (all caps / stamp)

Hereby confirm that my patient

.....
Last name / Name

.....
Date of Birth

Cannot wear a face covering, such as a surgical mask, due to an underlying medical condition.

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

.....
Location, Date

.....
Physician Signature and Readable Stamp

*applicable only on Air France flights between USA & France.