To whom it may concern

[date]

**MEDICAL CERTIFICATE**

**Mr./Ms. First name other names LAST NAME, born xx.yy.zzzz, address, Switzerland**

This certificate is to confirm that the above mentioned Mr./Ms. Xy is medically fit for flying.

He/she suffers from [type] epilepsy. He/she

has been seizure-free since [month/year], while regularly taking anti-seizure medication containing [active ingredient], which he/she tolerates well.

has had seizures exclusively at night since [month/year].

has had only focal seizures with impaired awareness, which hardly ever cause falls or injuries.

has had tonic-clonic (“grand-mal”) seizures, but will take appropriate medication to ensure no seizures occur during the flight.

has had tonic-clonic (“grand-mal”) seizures, but will be accompanied by [name] who is trained to ensure his/her safety and to administer an emergency medication at an early stage

[Name] has been informed how to take the medication when on an overseas flight.

If there are any questions, please do not hesitate to contact me.

Sincerely

[name and title of the doctor, signature]