Certification by Healthcare Provider of Serious Communicable Disease

American Airlines may provide a transferable Trip Credit, valid for 5 years from issuance to customers who are advised by a licensed medical professional not to travel due to a Serious Communicable Disease.

Please note that while some medical conditions may prevent a passenger from traveling, this policy specifically aims to protect both the passenger and the traveling public by requiring the illness to be both Serious and Communicable.

Severe Health Impact	Diseases listed in 42 CFR 70.1 that can cause serious health problems such as: • Respiratory issues • Organ damage • Neurological complications • Death
Ease of Transmission	Diseases that can be easily spread in an aircraft cabin through casual contact, including: • Sitting next to someone • Shaking hands • Talking • Touching shared surfaces
Examples of qualifying conditions	 Severe Acute Respiratory Syndrome (SARS) Active tuberculosis Measles Ebola virus
Examples of non- qualifying conditions	 Common cold Human Immunodeficiency Virus (HIV/AIDS) Chronic hepatitis Strep throat Urinary tract infections Migraines

Passenger Information:

	I have asked the healthcare professional listed below to provide the necessary
info	ormation.
Pas	senger Name
Pas	senger Signature/Date

Medical Professional Section								
I confirm that I am the licensed treating medical professional of the individual named above. Based on my professional medical opinion and current knowledge of the Serious Communicable Disease, I have advised that this individual:								
	has or is likely to have contracted a Serious Communicable Disease and should not travel by commercial air due to the risk of posing a direct threat to others, or should not travel by commercial air during the current public health emergency at the origin or destination of the itinerary to protect their health from a Serious Communicable Disease.							
Explain why this illness is serious and communicable, including its impact on the individual or others:								
M	edical Professional Name							
	Signature and Date							
	Phone Number							
Lice	nse Number and Expiration							
	Type of License							

State/Jurisdiction