



EXHIBIT D--  
EAST MICHIGAN

### DOCTOR'S CERTIFICATION

#### Medical Doctor's Certification for Flight

I \_\_\_\_\_ do hereby certify that my  
*[DOCTOR'S NAME]*

patient \_\_\_\_\_ is  
*[PATIENT'S NAME]*

medically stable and can safely be transported in \*general aviation\* aircraft that are referred by WINGS OF MERCY without charge, for the purpose of transporting the patient to or from the named facility in order to receive needed medical treatment which is not available locally.

*[FACILITY NAME]*

*[FACILITY CITY STATE]*

I further certify that said patient is not on any medication that may cause adverse effects at altitudes consistent with general aviation aircraft. My patient does not have any condition that would be adversely affected by lower oxygen tension at altitude.

So certified on this date:

*[DATE CERTIFIED]*

\_\_\_\_\_  
*Doctor's Street Address*

\_\_\_\_\_  
*Doctor's City, State, or Province Postal Code*

\_\_\_\_\_  
*Doctor's Telephone Number*

*[DOCTOR'S SIGNATURE]*

Return completed form to:

Wings of Mercy East Michigan, Inc.  
413 N. Breaker Cove  
Bay City, MI 48708

(877) 51MERCY \* Office (989) 893-1981 \* Fax (989) 892-5116