

FORM FOR PASSENGERS ASKING FOR MEDICAL CLEARENCE
(completed by the treating physician)



1. Patient (full name, date of birth, nationality, sex, weight, height):
2. Treating physician (full name, specialty, mobile, landline, fax, email):
3. Diagnosis. Included date of onset of the present condition, episode or accident and therapy. Note if contagious
- Type & date of any recent and/or relevant operation
4. Current symptoms & severity
5. Treatment (drugs list & doses). Initiation of a new drug (less than 15 days)
6. Will a 25% - 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition?
(Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 metres (8000 feet) above sea level)
 Yes No
7. Escort
 - a. Is the patient fit to travel unaccompanied? Yes No
 - b. If no, would a meet-and-assist be sufficient (provided by the airline to embark and disembark)? Yes No
 - c. If no, has the passenger his own escort to take care his own in flight needs? Yes No
 - d. If yes, the escort is: Doctor Nurse Other
 - e. If «Other», is escort fully capable of taking care of the in-flight needs of the patient? Yes No

Name / Age / Contact details (mobile, email etc), languages

Medical training Yes No If yes, describe
8. Mobility
 - a. Able to walk without assistance Yes No
 - b. Wheelchair required for boarding (embark/disembark) Yes No
 - c. Wheelchair category WCHR WCHS WCHC

***WCHR** Ambulant, but handicapped in walking. Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers embark/disembarked by walking over ramp. Does not need assistance in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with the meals.*

***WCHS** Ambulant, but more severely handicapped in walking: cannot use a ramp bus and needs assistance during embarking/disembarking (e.g.: on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with the meals.*

***WCHC** Non-ambulant: Needs also assistance in the aircraft to/from seat, toilets, and possibly with the meals (where necessary, give details in K below).*

***OWN** Accompanied by his own wheelchair. **BD** Wheelchair with dry batteries. **BW** Wheelchair with wet batteries. **MP** Wheelchair moving with manpower.*
9. BED Stretcher needed during flight? Yes No
10. Special equipment (O₂, ventilator, incubator, iv infusion, aspiration, etc)
11. Ambulance needed? Yes No
12. Other medical information & other arrangements ground and/or in-flight if needed
(special meal, extra seat, limb rest, special positioning) Yes No
If yes, describe.....
13. Cardiac condition Yes No If yes, describe.....
 - a. Angina Yes No When was the last episode?.....

Is the angina stabilized? Yes No

Functional classification Asymptomatic Angina at serious effort
 Angina at light effort Angina at rest

Is the patient able to walk 100 meters with normal walking or climb 10-12 stairs without symptoms? Yes No
 - b. Infarction Yes No Date.....
 - Complications Yes No If yes, describe
 - Stress ECG? Yes No If yes, give results:
 - Angioplasty was performed or coronary bypass, can the patient walk 100m with normal walking or climb 10-12 stairs without symptoms?
 Yes No

- c. Cardiac insufficiency Yes No When was the last episode?.....
 Is controlled by medication? Yes No
 Functional classification Asymptomatic Dyspnea at serious effort
 Dyspnea at light effort Dyspnea at rest
- d. Syncope Yes No When was the last episode?
 Check? Yes No If yes, give results:
 If yes, describe
14. a. Respiratory condition? Yes No
 b. Was the patient using O₂ at home? If yes, specify how much.....
 O₂ need during flight? Occasionally O₂ use during flight Continuous O₂ flow during flight Liters:.....
- c. Has the patient recent arterial air blood gases? Yes No
 d. Air blood gases were taken in room air with O₂ LPM
 If yes, give results pCO₂ pO₂
 Saturation Examination date.....
- e. Does the patient retain CO₂? Yes No
 f. Is their condition aggravated recently? Yes No
 g. Is the patient able to walk 100meters with normal walk or to climb 10-12 stairs without symptoms? Yes No
 h. Has the patient ever before used commercial flight under the same medical conditions? Yes No
 If yes, when?
 Any other problems presented?
15. Convulsions
 a. Type
 b. Frequency
 c. Last episode.....
 d. Controlled with medication? Yes No Describe.....
16. Psychiatric & seizure disorder Yes No
 If yes, describe.....
17. Anemia Yes No If yes, give recent Hb values
18. Normal bladder control? Yes No If no, give mode of control
19. Normal bowel control? Yes No If no, give mode of control
20. Other medical issues that could influence during flight? Yes No
 If yes, describe.....
21. a. Is it safe for the above passenger to travel by air? Yes No
 Special instructions Yes No If yes,.....
 b. Date and itinerary of the travel, this medical certification is given

The Doctor (Signature & Stamp)

Date / /

Note:
 Medical certificate for flight is valid only for the flight(s) and for the date(s) written on this medical certificate (there is no min or max validity period). In a aggravation of the medical condition in between the issue of this medical certificate and the flight, or any other change on the written medical information, new medical certification needed.
 Cabin Crew Members, are not authorized to give special assistance (e.g. lift) to special passengers, in damage of their services to the other passengers.
 Additionally, are trained only to First Aid and are not aloud to administer injections or any drugs.
 Fees, if any, relative to supply of medical equipment, or special services (e.g. ambulance, from and to the airport) are paid by the passenger.