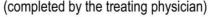
FORM FOR PASSENGERS ASKING FOR MEDICAL CLEARENCE (completed by the treating physician)





	ating physician (full name, specialty, mobile, landline, fax, email):
3. Diag	gnosis. Included date of onset of the present condition, episode or accident and therapy
Cont MED Type	agious disease Yes No If yes, explain : Case Birth case e & date of any recent and/or relevant operation rent symptoms & severity
	atment (drugs list & doses). Initiation of a new drug (less than 15 days)
(Cabi	a 25% - 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition? n pressure to be the equivalent of a fast trip to a mountain elevation of 2400 metres (8000 feet) above sea level) ort
a. Is b. If r c. If r d. If r e. If r	the patient fit to travel unaccompanied? no, would a meet-and-assist be sufficient (provided by the airline to embark and disembark)? No no, has the passenger his own escort to take care his own in flight needs? Yes No yes, the escort is: Other «Other», is escort fully capable of taking care of the in-flight needs of the patient? Tyes No No Nurse Other Age / Contact details (mobile, email etc), languages ledical training Yes No If yes, describe
b. W c. W WCHR A by walki WCHS A steps). L WCHC I OWN A	ble to walk without assistance //heelchair required for boarding (embark/disembark) //heelchair category //heelchair category //www.chambulant, but handicapped in walking. Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers embark/disembarked in gover 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. Ambulant, but more severely handicapped in walking: cannot use a ramp bus and needs assistance during embarking/disembarking (e.g.: on passenger Does not need assistance in the aircraft cabin to/from seat, toilets and with the meals. Non-ambulant: Needs also assistance in the aircraft to/from seat, toilets, and possibly with the meals (where necessary, give details in K below). companied by his own wheelchair. BD Wheelchair with dry batteries. BW Wheelchair with wet batteries. MP Wheelchair moving with manpower. Indard airline seat during flight? Yes
10.20	th the back of the passenger's seat in upright position and the lower limbs in the normal sitting position during takeoff & landii D Stretcher needed during flight? Yes No
11. Sp 12. Am 13. Oth (sp	ecial equipment (O ₂ , ventilator, incubator, iv infusion, aspiration, etc)
4 . Ca a . <i>i</i>	rdiac condition Yes No If yes, describe
b. (Is the patient able to walk 100 meters with normal walking or climb 10-12 stairs without symptoms?

c. Cardiac insufficiency
If yes, when?
Any other problems presented? 16. Convulsions a. Type b. Frequency c. Last episode
d. Controlled with medication?
17. Psychiatric & seizure disorder Yes No If yes, describe
18. Anemia Yes No If yes, give recent Hb values
19. Normal bladder control? Yes No If no, give mode of control
 20. Normal bowel control? Yes No If no, give mode of control 21. Other medical issues that could influence during flight? Yes No
If yes, describe
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 aggravatio 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.