

**Information Sheet for Passengers Requiring Medical Clearance (to be completed or obtained from the attending physician)**

1. Patient's name						
Date of Birth	Gender	Height	Weight			
2. Attending physician						
Email						
Telephone (mobile preferred), indicate country and area code						
3. Diagnosis (including date of onset of current illness, episode or accident and treatment, specify if contagious)						
Nature and date of any recent and/or relevant surgery						
4. Current symptoms and severity						
5. Will a 25% to 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 of 2400 meters (8000 feet) above sea level)						
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure	<input type="checkbox"/>	
6. Additional clinical information						
a. Anemia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, give recent result in grams of hemoglobin						
b. Psychiatric and seizure disorder	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, see Part 2	
c. Cardiac condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, see Part 2	
d. Normal bladder control	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If no, give mode of control						
e. Normal bowel control	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
f. Respiratory condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, see Part 2	
g. Does the patient use oxygen at home?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, specify how much						
h. Oxygen needed in flight?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, specify						
2LPM	<input type="checkbox"/>	4LPM	<input type="checkbox"/>	Other	<input type="checkbox"/>	
7. Escort						
a. Is the patient fit to travel unaccompanied?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
b. If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
c. If no, will the patient have a private escort to take care of his/her needs onboard?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
d. If yes, who should escort the passenger?	Nurse	<input type="checkbox"/>	Other	<input type="checkbox"/>		
e. If other, is the escort fully capable to attend to all the above needs?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
8. Mobility						
a. Able to walk without assistance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
b. Wheelchair required for boarding	to aircraft	<input type="checkbox"/>	to seat	<input type="checkbox"/>		
9. Medication list						
10. Other medical information						

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<b>1. Cardiac condition</b>	
a) Angina	Yes <input type="checkbox"/> No <input type="checkbox"/> When was the last episode? <input type="text"/>
Is the condition stable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Functional class of the patient?	No symptoms <input type="checkbox"/> Angina with important efforts <input type="checkbox"/> Angina with light efforts <input type="checkbox"/> Angina at rest <input type="checkbox"/>
Can the patient walk 100 meters at a normal pace or climb 10-12 stairs without symptoms? Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) Myocardial infarction	Yes <input type="checkbox"/> No <input type="checkbox"/> Date <input type="text"/>
Complications?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details <input type="text"/>
Stress EKG done?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what was the result? <input type="text"/>
If angioplasty or coronary bypass,	
Can the patient walk 100 meters at a normal pace or climb 10-12 stairs without symptoms? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c) Cardiac failure	Yes <input type="checkbox"/> No <input type="checkbox"/> When was the last episode? <input type="text"/>
Is the patient controlled with medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Functional class of the patient?	No symptoms <input type="checkbox"/> Shortness of breath with important efforts <input type="checkbox"/> Shortness of breath at rest <input type="checkbox"/> Shortness of breath with light efforts <input type="checkbox"/>
d) Syncope	Yes <input type="checkbox"/> No <input type="checkbox"/> Last episode <input type="text"/>
Investigations?	Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, state results <input type="text"/>
<b>2. Chronic pulmonary condition</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
a) Has the patient had recent arterial gases?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Blood gases were taken on:	Room air <input type="checkbox"/> Oxygen <input type="checkbox"/> LPM <input type="checkbox"/>
If yes, what were the results	pCO <sub>2</sub> <input type="text"/>
Saturation <input type="text"/>	Date of exam <input type="text"/>
c. Does the patient retain CO <sub>2</sub> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Has his/her condition deteriorated recently?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Can the patient walk 100 meters at a normal pace or climb 10-12 stairs without symptoms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Has the patient ever taken a commercial aircraft in these same conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when?	<input type="text"/>
Did the patient have any problems?	<input type="text"/>
<b>3. Psychiatric Conditions</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
a. Is there a possibility that the patient will become agitated during flight	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Has he/she taken a commercial aircraft before	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, date of travel?	Did the patient travel alone <input type="checkbox"/> escorted <input type="checkbox"/>
<b>4. Seizure</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
a. What type of seizures?	<input type="text"/>
b. Frequency of the seizure	<input type="text"/>
c. Are the seizures controlled by medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. When was the last seizure?	<input type="text"/>
<b>5. Prognosis for the trip</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

Physician Signature

Date

**Note:** Cabin attendants are not authorized to give special assistance (e.g. lifting) to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in **first aid** and are not permitted to administer any injection, or to give medication.