



FORM 'B' Part - 1

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

1. Patient's name.....
Date of Birth Sex Height Weight

2. Attending physician
E-mail
Telephone (mobile preferred), indicate country and area code Fax

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 elevation of 2400 metres (8000 feet) above sea level) ___ Yes ___ No ___ Not sure

6. Additional clinical information

- a. Anemia ___ Yes ___ No If yes, give recent result in grams of hemoglobin
- b. Psychiatric and seizure disorder ___ Yes ___ No If yes, see Part 2
- c. Cardiac condition ___ Yes ___ No If yes, see Part 2
- d. Normal bladder control ___ Yes ___ No If no, give mode of control
- e. Normal bowel control ___ Yes ___ No
- f. Respiratory condition ___ Yes ___ No If yes, see Part 2
- g. Does the patient use oxygen at home? ___ Yes ___ No If yes, specify how much
- h. Oxygen needed in flight? ___ Yes ___ No If yes, specify ___ 2 LPM ___ 4 LPM ___ Other

7. Escort

- a. Is the patient fit to travel unaccompanied? ___ Yes ___ No
- b. If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient? ___ Yes ___ No
- c. If no, will the patient have a private escort to take care of his/her needs onboard? ___ Yes ___ No
- d. If yes, who should escort the passenger? ___ Doctor ___ Nurse ___ Other
- e. If other, is the escort fully capable to attend to all the above needs? ___ Yes ___ No

8. Mobility

- a. Able to walk without assistance ___ Yes ___ No
- b. Wheelchair required for boarding ___ to aircraft ___ to seat

9. Medication list



FORM 'B' Part - 2

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

1. Cardiac condition

- a. Angina ___ Yes ___ No When was last episode?
• Is the condition stable? ___ Yes ___ No
• Functional class of the patient?
___ No symptoms ___ Angina with important efforts ___ Angina with light efforts ___ Angina at rest
• Can the patient walk 100 metres at a normal pace or climb 10 -12 stairs without symptoms? ___ Yes ___ No
b. Myocardial infarction ___ Yes ___ No Date
• Complications? ___ Yes ___ No If yes, give details
• Stress EKG done? ___ Yes ___ No If yes, what was the result? Metz
• If angioplasty or coronary bypass,
can the patient walk 100 metres at normal pace or climb 10-12 stairs without symptoms? ___ Yes ___ No
c. Cardiac failure ___ Yes ___ No When was last episode?
• Is the patient controlled with medication? ___ Yes ___ No
• Functional class of the patient?
___ No symptoms ___ Shortness of breath with important efforts ___ Shortness of breath with light efforts ___ Shortness of breath at rest
d. Syncope ___ Yes ___ No Last episode
Investigations? ___ Yes ___ No If yes, state results

2. Chronic pulmonary condition ___ Yes ___ No

- a. Has the patient had recent arterial gases? ___ Yes ___ No
b. Blood gases were taken on: ___ Room air ___ Oxygen LPM
If yes, what were the results pCO2 pO2
Saturation Date of exam
c. Does the patient retain CO2? ___ Yes ___ No
d. Has his/her condition deteriorated recently? ___ Yes ___ No
e. Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? ___ Yes ___ No
f. Has the patient ever taken a commercial aircraft in these same conditions? ___ Yes ___ No
• If yes when?
• Did the patient have any problems?

3. Psychiatric Conditions ___ Yes ___ No

- a. Is there a possibility that the patient will become agitated during flight ___ Yes ___ No
b. Has he/she taken a commercial aircraft before ___ Yes ___ No
• If yes, date of travel? Did the patient travel ___ alone ___ escorted?

4. Seizure ___ Yes ___ No

- a. What type of seizures?
b. Frequency of the seizures
c. When was the last seizure?
d. Are the seizures controlled by medication? ___ Yes ___ No

5. Prognosis for the trip ___ Yes ___ No

Physician Signature Date

Not e:Cabin attendants are not authorised 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