



ATTACHMENT A

(to be completed by the travel agent/booking office)

1. Patient's full name

2. Booking reference

3. Proposed itinerary From(Airport) To(Airport)

Airline(s) Flight(s) # Class(es)

Date(s) Segment(s)

4. Nature of disability

5. Stretcher needed onboard ☐ Yes ☐ No Note: All STCR cases MUST BE escorted

6. Intended escorts ☐ Yes ☐ No

Name Gender Age

PNR if different Medical qualification ☐ Yes ☐ No Language spoken

7. Wheelchair needed ☐ Yes ☐ No

Wheelchair categories ☐ WCHR ☐ WCHS ☐ WCHC Own wheelchair ☐ Yes ☐ No

Collapsible WCOB ☐ Yes ☐ No Wheelchair type ☐ WCBD ☐ WCBW ☐ WCMP

8. Ambulance needed on embarkation and disembarkation station ☐ Yes ☐ No

Name ambulance company (embarkation station) Contact tel.#

Name ambulance company (disembarkation station) Contact tel.#

9. Other ground arrangements needed ☐ Yes ☐ No

If yes, specify

Departure airport Transit airport Arrival airport

10. Special inflight arrangements needed ☐ Yes ☐ No

Oxygen ☐ Yes ☐ No If yes, specify

Special equipment (respirator, incubator, etc) ☐ Yes ☐ No If yes, specify

Emotional support animal ☐ Yes ☐ No If yes, specify

Special meal ☐ Yes ☐ No If yes, specify

Special seating ☐ Yes ☐ No

11. Frequent traveler medical card (FREMEC) ☐ Yes ☐ No

If yes, specify FREMEC # issued by expiry date / /



ATTACHMENT B - PART ONE

(to be completed or obtained from the attending physician)

1. Patient's full name

Date of birth / / Gender Height Weight

2. **Diagnosis** (including date of onset of current illness, episode or accident and treatment, specify if contagious). Be as specific as possible

Nature and date of any recent and/or relevant surgery

3. **Current symptoms and severity** (include most recent pulse, respiratory rate, and blood pressure if available)

4. **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 meters (8000 feet) above sea level)

☐ Yes ☐ No ☐ Not sure

5. **Additional clinical information**

a) Anemia ☐ Yes ☐ No If yes, give recent result in grams of haemoglobin

b) Psychiatric or seizure disorder ☐ Yes ☐ No If yes, complete Part 2

c) Cardiac condition ☐ Yes ☐ No If yes, complete Part 2

d) Normal bladder control ☐ Yes ☐ No If no, give mode of control

e) Normal bowel control ☐ Yes ☐ No If no, give mode of control

f) Respiratory condition ☐ Yes ☐ No If yes, complete 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

6. **Escort**

a) Is the patient fit to travel unaccompanied? ☐ Yes ☐ No

b) If no, would a meet-and-assistant (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 on-board?

☐ 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

Note: Cabin crew are not authorized to give special assistance (e.g. lifting, feeding, help with the use of toilets) to particular passengers, to the detriment of their service to other passengers. Additionally, they are trained only in first aid.

Important: Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the passenger concerned.



7. Mobility

- a) Able to walk without assistance? ☐ Yes ☐ No
- b) Wheelchair required for boarding to aircraft? ☐ Yes ☐ No
- c) Can the patient sit upright in a normal aircraft seat? ☐ Yes ☐ No

(if the answer is NO a stretcher will be required)

8. Medication list (use generic names and dosage)

9. Other medical information

10. Prognosis for the trip

☐ Good ☐ Poor

Physician name Date / /

Address/Hospital

Phone number Email address

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ATTACHMENT B - PART TWO

(to be completed or obtained from the attending physician)

1. Cardiac condition

☐ Yes ☐ No

a) Angina

☐ Yes ☐ No

Date of episode / /

• Is the condition is stable?

☐ Yes ☐ No

• Functional class of the patient?

☐ No symptoms

☐ Angina on heavy exertion

☐ Angina on light exertion

☐ Angina at rest

• Can the patient walk 50 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

• Test done?

☐ Yes ☐ No

If yes, what was the result?

• Can the patient walk 50 metres at normal pace or climb 10-12 stairs without symptoms?

☐ Yes ☐ No

c) Cardiac failure

☐ Yes ☐ No

Date of episode / /

• Is the patient controlled with medication?

☐ Yes ☐ No

• Functional class of the patient

☐ No symptoms

☐ Shortness of breath on heavy exertion

☐ Shortness of breath on light exertio

☐ Shortness of breath at rest

2. Pulmonary condition

☐ Yes ☐ No

a) Recent arterial gases?

☐ Yes ☐ No

Date of episode / /

If yes on ☐ Room air

☐ Oxygen

If on oxygen, specify

Results, pCO₂

pO₂

If no, saturation by pulse oximeter

b) Does the patient retain CO₂?

☐ Yes ☐ No

c) Has his/her condition deteriorated recently?

☐ Yes ☐ No

d) Can the patient walk 50 meters at a normal pace or climb 10 -12 stairs without symptoms?

☐ Yes ☐ No

e) Has the patient ever taken a commercial aircraft in these same conditions?

☐ Yes ☐ No

If yes, date / /

Did the patient have any problems?

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INFORMATION SHEET FOR PASSENGERS REQUIRING MEDICAL CLEARANCE

3. Psychiatric conditions

☐ Yes ☐ No

a) Is there a possibility that the patient will become agitated during a flight?

☐ Yes ☐ No

b) Has he/she taken a commercial flight 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) Date of the last seizure

 / /

d) Are the seizures controlled by medication?

☐ Yes ☐ No

5. ☐ I confirm that I have received permission from my patient to communicate this information

Physician signature

Date

 / /

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