



## Attachment B – part one

### Information sheet for passengers requiring medical clearance (to be completed or obtained from the attending physician)

1. Patient's family name First name  
Date of birth Gender Height Weight
2. Attending physician name E-mail  
Telephone Fax  
(mobile preferred), indicate country code and area code
3. Diagnosis (including date of onset of current illness, episode or accident and treatment including hospitalization, specify if contagious), Be as specific as possible  
  
If surgery, specify nature Date of surgery
4. Current symptoms and severity (include most recent pulse, respiratory rate, and blood pressure if available)
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 equivalent of a fast trip to a mountain elevation of 2400 meters (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 disorder Yes No If yes, see part 2
  - c) Seizure disorder Yes No If yes, see part 2
  - d) Cardiac condition Yes No If yes, see part 2
  - e) Normal bladder control Yes No If no, give mode of control
  - f) Normal bowel control Yes No If no, give mode of control
  - g) Pulmonary condition Yes No If yes, see part 2
  - h) Does the patient use oxygen at home Yes No  
If yes, specify
  - i) Oxygen needed in flight? Yes No If yes, specify\*
7. Escort – Is the patient fit to travel unaccompanied? Yes No  
If no, would a meet-and-assist (provided by the airline to embark and disembark) be sufficient? Yes No  
If no, will the patient have a private escort to take care of his/her needs on-board? Yes No  
**NOTE: IF YOU ANSWER NO TO THIS QUESTION, THE AIRLINE WILL LIKELY REFUSE THE PASSENGER AS IT IS THE RESPONSIBILITY OF THE PASSENGER TO PROVIDE THE ESCORT**  
If yes, who should escort the passenger? Doctor Nurse Other medical Other  
If other non-medical, 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 Yes No If yes, specify  
c) Can the passenger sit upright for take-off, landing, and emergency? Yes No
9. Medication list (use generic names and dosage)
10. Prognosis for the trip Good Poor  
Any other relevant comment

\*Be advised that some aircraft may be limited in the oxygen flow rate available.



## Attachment B – part two

Information sheet for passengers requiring medical clearance  
(to be completed or obtained from the attending physician)

- 1. CARDIAC CONDITION**                      Yes                      No
- a) Angina                      Yes                      No                      Date of last episode
- ◆ Is the condition stable?                      Yes                      No
  - ◆ Functional class of the patient?
    - No symptoms                      Angina with strenuous efforts                      Angina with light efforts                      Angina at rest
  - ◆ Can the patient walk 50 meters at a normal pace or climb 10-12 stairs without symptoms?                      Yes                      No
- b) Myocardial infarction                      Yes                      No                      Date
- ◆ Complication?                      Yes                      No                      If yes, give details
  - ◆ Test done?                      Yes                      No                      If yes, type of test and result
  - ◆ Can the patient walk 50 meters at a normal pace or climb 10-12 stairs without symptoms?                      Yes                      No
- c) Cardiac failure                      Yes                      No                      Date of last episode
- ◆ Is the patient controlled with medication?                      Yes                      No
  - ◆ Functional class of the patient?
    - No symptoms                      Shortness of breath with strenuous efforts
    - Shortness of breath with light efforts                      Shortness of breath at rest
- 2. PULMONARY CONDITION**                      Yes                      No
- a) Recent arterial gases?                      Yes                      No                      Date of exam
- If yes on                      Room air                      Oxygen                      If on oxygen, specify
- Results, pCO<sub>2</sub>                      pO<sub>2</sub>
- If no, saturation by pulse oximeter
- b) Does the patient retain CO<sub>2</sub>?                      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
- 3. PSYCHIATRIC CONDITIONS**                      Yes                      No
- a) Is there a possibility that the patient will become agitated during the 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 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

**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.