

MEDIF

IATA Resolution 700 Attachment B – Part 1

Information Sheet for Passengers Requiring Medical Clearance (to be completed by the attending physician)

Page 2 of 2

Please answer all questions in block letters or by cross, as necessary, to enhance readability and clarity.

1. Patient's name			
Date of birth	Sex	Height	Weight
2. Attending physician			
E-mail	Mobile phone (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 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 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 patient?	___ 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			
10. Other medical information			

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Page 2 of 2

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 meters 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 meters at a 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
.....	
- Investigation?	___ 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	pCO2pO2
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 meters 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 ever 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. Prognostic for the trip	
___ Fit ___ Not Fit	

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