


MEDICAL CLEARANCE FORM	
-------------------------------	---

Passenger Details				
SURNAME	DOB	AGE		
GIVEN NAME	PHONE			
ADDRESS				
Proposed Itinerary		Booking Reference Number:		
Airline Flight Number	Class	Date	From	To
Airline Flight Number	Class	Date	From	To
Important: This section is to be completed by the treating medical personnel. Complete only after consideration to the effects of air travel on the passenger.				

Diagnosis (If necessary, details to be provided on a separate sheet)

Travel History				
Has passenger been overseas within the last 3 weeks?				
If yes, where?				
Travel Arrangements (please circle)				
Is a wheelchair required to the aircraft door or seat?	DOOR	SEAT	NO	
Is an escort required to assist boarding the aircraft, eating, medication or visiting the toilet?	YES		NO	
Is a medically trained escort necessary?	YES		NO	
Name of Escort (if required)				
Qualifications of Escort (if any)				
Is the passenger travelling from hospital?	YES		NO	
If an ambulance is required, have all the necessary arrangements been made?	YES		NO	
<i>Note: Clearance for travel cannot be given until ambulance booking confirmed.</i>				
Is thereby of the following equipment required?	Stretcher	Humidicrib	Electrical	Other
If yes, provide details:				
Is supplemental oxygen required inflight?	YES		NO	
If supplemental oxygen is required, what flow rate is required?	2L/m Continuous	4L/m Intermittent		
Will the passenger be wearing a mask?	YES		NO	
Other Relevant Information				

NOTE: Except for inflight emergencies, Alliance Airlines does not offer inflight medical treatments for passengers. Should a passenger require personal inflight oxygen, they will need to make their own arrangements for the supply of oxygen bottle/s prior to the proposed flight.

I certify that the above named passenger is fit to travel on the proposed flights. I further certify that this person does not have any contagious disease that could <i>directly</i> place another passenger or crew member at risk, or that would contravene relevant Quarantine or Public Health Department regulations.	
Medical Personnel	Qualifications
Signature	Date
Address	Contact Number

Form Retention - 1 x copy to be retained for flight departure file.