

# Medical Certificate

<b>Conditions</b>			
A patient may travel with Sharp Airlines provided: <ul style="list-style-type: none"> <li>They do not have a contagious disease or the disease they have is passed the contagious period.</li> <li>They are able to sit in an aircraft style seat with the seat back full upright</li> <li>They do not require any assistance getting into and out of the aircraft.</li> <li>They are to look after themselves in flight and do not require assistance from Sharp Airlines Crew as we do not have flight attendants on any flight.</li> <li>They are able to self-administer any medicines or procedures that may need to be taken /undertaken during the flight.</li> <li>Oxygen or air, gaseous, small cylinders that are required for medical use may be carried.</li> </ul>			
<b>Information</b>			
Name of Doctor Requesting Approval		Name of Passenger	
Doctors Phone		Flight Date	
Doctors Fax:		Flight Number	
Doctors E-mail		ETD	
Passengers Departure Point		Passengers Destination	
<b>Assessment Data (To be completed by the Passenger's Medical Practitioner)</b>		<b>Yes</b>	<b>No</b>
Is the passengers condition contagious?			
Is the passengers being escorted? Escorts Name: _____			
Is the passenger post operative?			
Does the passenger require oxygen?			
Is the passenger in or past their 36 <sup>nd</sup> week of pregnancy?			
What other information are you able to provide that will assist us in knowing what assistance to provide the passenger?			
<b>Declaration</b>			
I _____ declare that _____ is fit to travel by air.			
Signature _____		Date _____	
When completed please fax to Sharp Airlines Reservations office on 03 55748258			
<b>Office Use Only</b>			
I _____ as the authorised authority within Sharp Airlines, agree that the passenger listed above may travel on the Sharp Airlines flight/s shown.			
Signature _____		Date _____	