

# 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 careful consideration to the effects of air travel on the passenger.

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

Travel Arrangements			
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 the 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 is 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	4L/m	Continuous Intermittent
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 *directly* 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 \_\_\_\_\_