

**RESOLUTION 700 ATTACHMENT B PART ONE**

**INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL MEDICAL CLEARANCE  
(TO BE COMPLETED OR OBTAINED IN ENGLISH FROM THE ATTENDING PHYSICIAN)**

**1. Patient's name** \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ Nationality \_\_\_\_\_

Height (Meters) \_\_\_\_\_ Weight (KGs) \_\_\_\_\_

**2. 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 \_\_\_\_\_

**3. Current symptoms and severity** \_\_\_\_\_

**4. 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

**5. Additional clinical information**

a. Anemia  Yes  No If yes, give recent result in grams of haemoglobin \_\_\_\_\_

b. Psychiatric or seizure disorder  Yes  No If yes, complete Part. 2 # 3 \_\_\_\_\_

c. Cardiac condition  Yes  No If yes, complete Part. 2 # 1 \_\_\_\_\_

d. Normal bladder control  Yes  No If no, give mode of controle \_\_\_\_\_

e. Normal bowel control  Yes  No If no, give mode of controle \_\_\_\_\_

f. Respiratory condition  Yes  No If yes, complete Part. 2 # 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, complete O<sub>2</sub> rate l/m

1,2  2,0  2,8  for whole flight

3,6  4,4  5,2  for stand-by

i. Use own O<sub>2</sub> concentrator on board or C PAP  Yes  No

**6. Escort**

a. Is the patient fit to travel unaccompanied?  Yes  No

b. If no, would a meet-and-assistant (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 passenger?  Doctor  Nurse  Other \_\_\_\_\_

e. If other, is the escort fully capable to attend to all the above needs?

Yes  No

**7. Mobility**

- a. Able to walk without assistance?  Yes  No
- b. Wheelchair required for boarding to aircraft?  Yes  No
- c. Can the patient sit upright in a normal aircraft seat?  Yes  No

(if the answer is NO a stretcher will be required)

**8. Medication list**

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**9. Other medical information**

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**10. Prognosis for the trip**

- Good  Poor

Physician name \_\_\_\_\_ Date \_\_\_\_\_

Address / Hospital \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Note: Cabin attendants are not authorized to give special assistance to particular passengers, they are trained only in first aid and are not permitted to administer any injection, to give medication, or to feed and toilet patient.

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.

## RESOLUTION 700 ATTACHMENT B PART TWO

### 1. Cardiac condition

Yes  No

#### a. Angina, angor

Yes  No

- Is the condition stable?

Yes  No

- Functional class of the patient?

No symptoms

Angina on heavy exertion

Angina on light exertion

Angina at rest

- Can the patient walk 100 metres 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 metres at 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 on heavy exertion

Shortness of breath on light exertion

Shortness of breath at rest

#### d. Syncope

Yes  No

Last episode \_\_\_\_\_

- Investigations?

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

pCO<sub>2</sub>  pO<sub>2</sub>

Saturation

Date of exam \_\_\_\_\_

#### c. Does the patient retain CO<sub>2</sub>?

Yes  No

#### d. Has his/her condition deteriorated recently?

Yes  No

#### e. Can the patient walk 100 metres 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 or seizure disorder**

Yes       No

a. Is there a possibility that the patient will become agitated during a flight?

Yes       No

b. Has he/she taken a commercial flight before?  Yes       No

- If yes, date of travel? \_\_\_\_\_

Did the patient travel alone or escorted?  Alone       Escorted

c. Seizure  Yes       No

1. What type of seizures? \_\_\_\_\_

2. Frequency of the seizures? \_\_\_\_\_

3. When was the last seizure? \_\_\_\_\_

4. Are the seizures controlled by medication?  Yes       No