Medical information form for requesting medical clearance Please answer all questions and put a cross (X) in the 'Yes' / 'No' boxes.



PART 1: To be completed by passenger (or representative)								
Α	NAME:	MALE / FEMALE						
	EMAIL:	TELEPHONE:						
В	INTENDED ITINERARY:							
	Flight number and date:	or Booking reference:						
U	NATURE OF INCAPACITATION:							
D	INTENDED TRAVEL COMPANION OR ESCORT (doctor/nurse) (please specify):							
Е	MOBILITY ASSISTANCE: No Yes							
	Required level of assistance:	Are you taking your own wheelchair? No \square Yes \square						
	To/from aircraft: No □ Yes □ Help with stairs: No □ Yes □	Collapsible: No Yes						
	Immobile: No Yes	Power driven: No ☐ Yes ☐ Spillable battery: No ☐ Yes ☐						
	Use of on-board wheelchair*: No □ Yes □	Weight (kg):						
		Dimensions (cm):						
	* You need to be able to lift yourself in/out of the on-board wheelchair or travel with someone who can help you do that.	(Length x Width x Height)						
F	SPECIFIC IN-FLIGHT REQUIREMENTS: (e.g. oxygen, seating, meals)							
G	MEDICAL EQUIPMENT:							
	Are you taking any medical equipment with you on board? (e.g. CPAP, ventilator, nebuliser, Portable Oxygen Concentrator, etc.)	No □ Yes □						
	If yes, do you need to use it during the flight?	No □ Yes □						
	Please specify the type of equipment including make and model:							
	 Power supply: We cannot guarantee in-seat power supply; equipment must be battery-powered to ensure continuous use on board. If your device uses lithium batteries, it is important to provide us with the watt-hour (Wh) rating of each battery it contains (check information on batteries). Sometimes this is provided as a wattage and amp-hour rating instead (in Amps or Milli-Amps). 							
	Is the equipment battery-powered?	No □ Yes □						
	Battery type:							
	Can the equipment be switched off during take-off/landing?	No □ Yes □						
	Do you have sufficient batteries for the duration of the flight?	No □ Yes □						
Н	AMBULANCE TRANSFER REQUIRED?	No □ Yes □						
	If yes, please specify name of ambulance booked at all airports:(Please note Heathrow Ambulance is the only ambulance permitted airside at London Heathrow airport.)							
	Transfer from aircraft? □ or Arrivals? □							
1	HOSPITALISATION:							
	Have you been admitted to hospital within the last four weeks?	No □ Yes □						
	Date of admission: Date	of discharge:						
	Is hospitalisation required upon arrival? If yes, please specify name of hospital and contact:	No Yes						
PAS	SENGER'S DECLARATION:							
	I hereby authorise (name of doctor) to provide the required medical							
information and I agree to pay any associated fees.								
Date: Passenger's signature (or representative):								
X								

PART 2: To be completed by treating doctor									
 This form is intended to enable our medical department to provide for the passenger's specific needs: When fitness to travel is in doubt as evidenced by recent illness, hospitalisation, injury, surgery or instability Where specific services are required, e.g. in-flight oxygen, authorisation to carry accompanying medical equipment, etc. 									
Please answer all questions, sign and return this form to:									
Passenger M	nys Health Services, British Airways Plc, Iedical Clearance Unit, Waterside (HMA) , Harmondsworth, UB7 0GB	G),	Tel. +44 (0) 208 73 Fax: +44 (0) 208 73 pmcu.pmcu@ba.co	38 9644					
MEDA 01	PATIENT'S NAME:					AGE:			
MEDA 02	TREATING DOCTOR:								
Name:									
	Address:								
	Telephone: Email:								
MEDA 03	MEDICAL INFORMATION: (Diagnosis in detail; include vital signs, Hb level)								
	Date of	Date of		Date o	of				
	symptoms:	diagnosis:		surger	y:				
MEDA 04	IS CONDITION:	Resolved □		Stable and controlled □					
	FOLLOWING SURGERY:	Uncomplicated reco	overy 🗆	Hb leve	l (fractured hip.	/pelvis)			
MEDA 05 PROGNOSIS FOR THE FLIGHT (e.g. good/fair/poor)									
MEDA 06	CONTAGIOUS AND COMMUNICAB	LE DISEASE?		No □	Yes □				
MEDA 07	SEATING:								
Can patient use normal aircraft seat with sea upright position as required (incl. business/fill Can patient bend leg at the knee?				No □	Yes □				
				No □	Yes □				
MEDA 08 Can patient take care of their own needs on (incl. meals, use of on-board washroom, etc.)				No □	Yes □				
MEDA 09	IN-FLIGHT OXYGEN:								
	Does patient need supplementary in-flight oxygen? (Generally not required unless dyspnoeic after walking 50m)		No □	Yes □					
	If yes, specify flow rate: 2L/m ☐ 4L/m ☐ Continuous ☐		Intermittent 🗆						
	On some of our long haul aircraft oxygen is available at a								
	flow rate of 4L/m <u>only</u> . Is this acceptable?			No □	Yes □				
	Can patient tolerate pulsed oxygen?			No □	Yes □				
	Does patient prefer to use their POC on bo	oard?		No □	Yes □				
	GROUND OXYGEN: British Airways is <u>not able to provide</u> ground oxygen at an airport. If patients need oxygen while transiting through the airport, they must make their own arrangements.								
	Is ground oxygen required? If yes, what arrangements has patient made to provide this, e.g. POC:			No 🗆	Yes 🗆				
MEDA 10 Any other information in the interest of patient's smooth and comfortable trans									
Place and date	2:	Doctor's signatu	ıre:						
		X							