

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)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------------------------|------------------------------|--|-----------------------------|------------------------------|-------------------|--|--------------|-----------------------------|------------------------------|-------------------|--|---------------|-----------------------------|------------------------------|-----------|--|--------------------|-----------------------------|------------------------------|------------------------------|--|--------------|-------|--|--|--|------------------|-------|--|--|--|---------------------------|-------|--|
| A | NAME: _____ | MALE / FEMALE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | EMAIL: _____ | TELEPHONE: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | INTENDED ITINERARY: Flight number and date: _____ or Booking reference: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | NATURE OF INCAPACITATION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | INTENDED TRAVEL COMPANION OR ESCORT (doctor/nurse) (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | MOBILITY ASSISTANCE: No <input type="checkbox"/> Yes <input type="checkbox"/> <table><tr><td><u>Required level of assistance:</u></td><td></td><td><u>Are you taking your own wheelchair?</u></td><td>No <input type="checkbox"/></td><td>Yes <input type="checkbox"/></td></tr><tr><td>To/from aircraft:</td><td>No <input type="checkbox"/> Yes <input type="checkbox"/></td><td>Collapsible:</td><td>No <input type="checkbox"/></td><td>Yes <input type="checkbox"/></td></tr><tr><td>Help with stairs:</td><td>No <input type="checkbox"/> Yes <input type="checkbox"/></td><td>Power driven:</td><td>No <input type="checkbox"/></td><td>Yes <input type="checkbox"/></td></tr><tr><td>Immobile:</td><td>No <input type="checkbox"/> Yes <input type="checkbox"/></td><td>Spillable battery:</td><td>No <input type="checkbox"/></td><td>Yes <input type="checkbox"/></td></tr><tr><td>Use of on-board wheelchair*:</td><td>No <input type="checkbox"/> Yes <input type="checkbox"/></td><td>Weight (kg):</td><td colspan="2">_____</td></tr><tr><td></td><td></td><td>Dimensions (cm):</td><td colspan="2">_____</td></tr><tr><td></td><td></td><td>(Length x Width x Height)</td><td colspan="2">_____</td></tr></table> <p>* 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.</p> | | <u>Required level of assistance:</u> | | <u>Are you taking your own wheelchair?</u> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | To/from aircraft: | No <input type="checkbox"/> Yes <input type="checkbox"/> | Collapsible: | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Help with stairs: | No <input type="checkbox"/> Yes <input type="checkbox"/> | Power driven: | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Immobile: | No <input type="checkbox"/> Yes <input type="checkbox"/> | Spillable battery: | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Use of on-board wheelchair*: | No <input type="checkbox"/> Yes <input type="checkbox"/> | Weight (kg): | _____ | | | | Dimensions (cm): | _____ | | | | (Length x Width x Height) | _____ | |
| <u>Required level of assistance:</u> | | <u>Are you taking your own wheelchair?</u> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To/from aircraft: | No <input type="checkbox"/> Yes <input type="checkbox"/> | Collapsible: | No <input type="checkbox"/> | Yes <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Help with stairs: | No <input type="checkbox"/> Yes <input type="checkbox"/> | Power driven: | No <input type="checkbox"/> | Yes <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immobile: | No <input type="checkbox"/> Yes <input type="checkbox"/> | Spillable battery: | No <input type="checkbox"/> | Yes <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use of on-board wheelchair*: | No <input type="checkbox"/> Yes <input type="checkbox"/> | Weight (kg): | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Dimensions (cm): | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (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? No <input type="checkbox"/> Yes <input type="checkbox"/> (e.g. CPAP, ventilator, nebuliser, Portable Oxygen Concentrator, etc.) If yes, do you need to use it during the flight? No <input type="checkbox"/> Yes <input type="checkbox"/> Please specify the type of equipment including make and model: _____ Power supply: <ul style="list-style-type: none">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 <input type="checkbox"/> Yes <input type="checkbox"/> Battery type: _____ Can the equipment be switched off during take-off/landing? No <input type="checkbox"/> Yes <input type="checkbox"/> Do you have sufficient batteries for the duration of the flight? No <input type="checkbox"/> Yes <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | AMBULANCE TRANSFER REQUIRED? No <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> or Arrivals? <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I | HOSPITALISATION: Have you been admitted to hospital within the last four weeks? No <input type="checkbox"/> Yes <input type="checkbox"/> Date of admission: _____ Date of discharge: _____ Is hospitalisation required upon arrival? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please specify name of hospital and contact: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PASSENGER'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:

British Airways Health Services, British Airways Plc,
Passenger Medical Clearance Unit, Waterside (HMAG),
PO Box 365, Harmondsworth, UB7 0GB

Tel. +44 (0) 208 738 5444
Fax: +44 (0) 208 738 9644
pmcu.pmcu@ba.com

| | | | |
|-----------------|---|---|---|
| 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 symptoms: | Date of diagnosis: | Date of surgery: |
| MEDA 04 | IS CONDITION: | Resolved <input type="checkbox"/> | Stable and controlled <input type="checkbox"/> |
| | FOLLOWING SURGERY: | Uncomplicated recovery <input type="checkbox"/> | Hb level (fractured hip/pelvis) _____ |
| MEDA 05 | PROGNOSIS FOR THE FLIGHT: (e.g. good/fair/poor) | | |
| MEDA 06 | CONTAGIOUS AND COMMUNICABLE DISEASE? | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| MEDA 07 | SEATING: | | |
| | Can patient use normal aircraft seat with seat placed in the upright position as required (incl. business/first class cabins)? | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | Can patient bend leg at the knee? | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| MEDA 08 | Can patient take care of their own needs on board unassisted (incl. meals, use of on-board washroom, etc.)? | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| MEDA 09 | IN-FLIGHT OXYGEN: | | |
| | Does patient need supplementary in-flight oxygen? (Generally not required unless dyspnoeic after walking 50m) | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | If yes, specify flow rate: | 2L/m <input type="checkbox"/> 4L/m <input type="checkbox"/> | Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> |
| | On some of our long haul aircraft oxygen is available at a flow rate of 4L/m <u>only</u> . Is this acceptable? | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | Can patient tolerate pulsed oxygen? | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | Does patient prefer to use their POC on board? | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | 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? | | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| | If yes, what arrangements has patient made to provide this, e.g. POC: _____ | | |
| MEDA 10 | Any other information in the interest of your patient's smooth and comfortable transportation? | | |
| Place and date: | | Doctor's signature: | |
| | | X | |