

**RESOLUTION 700 ATTACHMENT B**  
**INFORMATION SHEET FOR PASSENGERS REQUIRING MEDICAL CLEARANCE**  
 (To be completed or obtained from the attending physician)

**PART ONE**

**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 control. ....

e. Normal bowel control       Yes     No

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, specify O<sup>2</sup> rate l/m  
 1,2     2,0     2,8     3,6     4,4     5,2

i. Use own O<sup>2</sup> concentrator on board?       Yes     No  
 If yes, specify brand name of concentrator. ....

**6. Escort**

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

b. If no, would a meet-and-assist. (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     to seat
- c. Can patient sit upright in a normal aircraft seat)?                     Yes     No  
(if the answer is no, traveling will be by stretcher)

**8. Medication list** .....

**9. Other medical information** .....

**10. Prognosis for the trip**                     Good                     Poor

Physician name .....

Date .....

Address / Hospital .....

Phone number .....

E-mail 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, or to give medication.

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

Yes  No

• When was last episode? .....

• Is the condition stable?  Yes  No

• Functional class of the patient?  No symptoms  Angina with important efforts   
 Angina with light efforts  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 with important efforts  
 Shortness of breath with light efforts  
 Shortness of breath at rest

d. Syncope

Yes  No

When was 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:  In ambient air  Room air oxygen. .... LPM

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 flight?     Yes     No

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

• If yes, date of travel? .....

• Did the patient travel     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