

## RESOLUTION IATA 700 ATTACHMENT B

### INFORMATION SHEET FOR PASSENGERS REQUIRING MEDICAL CLEARANCE

(To be completed or obtained from the attending physician)

#### PART 1

**1. Patient's name** .....

Date of birth ..... / ..... / ..... Sex ..... Nationality .....

Height (meter) ..... Weight (kg) .....

**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 2,400 meters (8,000 feet) above sea level)

Yes  No  Not sure

#### 5. Additional clinical information

a. Anemia  Yes  No  
If yes, give recent result in grams of hemoglobin .....

b. Psychiatric and seizure disorder  Yes  No  
If yes, see Part 2

c. Cardiac condition  Yes  No  
If yes, see Part 2

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, see Part 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 the debit of O<sup>2</sup> in l/mn  
 1,2  2,0  2,8  3,6  4,4  5,2

i. Uses its own O<sup>2</sup> concentrator?  Yes  No  
If yes, specify the concentrator brand .....

**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 he use a normal aircraft seat? If no, stretcher travel is mandatory.  
 Yes  No

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

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

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

Attending physician.....

Date.....

Address / Hospital .....

Phone number.....

E-mail address .....

Signature.....

Note: Cabin crew are not permitted to provide special assistance to passengers to the detriment of their service to other passengers. In addition, they are trained only in first aid and are not permitted to give injections or medication.

Important: Any costs for the provision of the above information and special equipment provided by the company are to be borne by the passenger concerned.

**PART 2 : ADDITIONAL INFORMATION**

1. **Cardiac condition**  Yes  No

a. Angina  Yes  No

• When was the last episod?.....

• Is the condition stable?  Yes  No

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

• Can the patient walk 100 meters at a normal pace or climb 10 -12 stairs without symptoms?  
 Yes  No

b. Myocardial infarction  Yes  No

If yes, when ?.....

• 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 meters at normal pace or climb 10–12 stairs without symptoms?  
 Yes  No

c. Cardiac failure  Yes  No

If yes, when was the last episod ?.....

• Is the patient controlled with medication?  
 Yes  No

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

d. Syncope  Yes  No

If yes, when was the last episod ? .....

• 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  
Results: pCO<sup>2</sup> : .....    pO<sup>2</sup>: .....  
Saturation: .....    Date of exam: .....
  
- c. Does the patient retain CO<sup>2</sup>?     Yes     No
  
- d. Has his/her condition deteriorated recently?  
 Yes     No
  
- e. Can the patient walk 100 meters 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 condition**     Yes     No

- a. Is there a possibility that the patient will become agitated during flight?  
 Yes     No
  
- b. b. Has he/she taken a commercial aircraft before?  
 Yes     No
  - If yes, date of travel? .....
  
  - Did the patient travel:     Alone     Escorted
  
- c. Seizure     Yes     No
  - 1. What type of seizure? .....
  - 2. Frequency of the seizures?.....
  - 3. When was the last seizure?.....

**4. Are the seizures controlled by medication?**     Yes     No

Attending physician.....  
Date.....  
Signature.....