

MEDICAL DEPARTMENT
MON-FRI 06:00-20:00 EST
SAT-SUN 06:00-18 :00 EST
Email : acmedical@aircanada.ca
Fax 1-888-334-7717 (Toll-free from North America)

Telephone 1-800-667-4732 (Toll-free from North America)

1-514-828-0027 (Long distance charges apply)

1-514-369-7039 (Long distance charges apply)

PASSENGER INFORMATION

Passenger Name: _____

Booking Reference: _____

Age: _____

Telephone/Email: _____

Flight Number: _____

Date: _____

From/To: _____

Flight Number: _____

Date: _____

From/To: _____

Priority: URGENT
Type: Normal
PHYSICIAN INFORMATION

Attending Physician: _____

Physician License Number: _____

Country or Province of Registration: _____

Tel.: _____

Fax: _____

Email: _____

MEDICAL INFORMATION (MANDATORY for all flights not subject to Section 4/USA flights)
DIAGNOSIS _____ **DATE OF ONSET** _____

Is the condition resolved/stable? _____

Current symptoms and severity _____

Nature and Date of any Treatment/Surgery _____

ADDITIONAL MEDICAL INFORMATION—All questions must be answered

- | | | |
|--|-----------------------------|---|
| Anemia | <input type="checkbox"/> No | <input type="checkbox"/> Yes—hemoglobin: _____ g/dL |
| Requires supplemental oxygen for travel | <input type="checkbox"/> No | <input type="checkbox"/> Yes—please complete Section 1 |
| Requires attendant or assistance with mobility | <input type="checkbox"/> No | <input type="checkbox"/> Yes—please complete Section 2a |
| Respiratory Condition (acute or chronic) | <input type="checkbox"/> No | <input type="checkbox"/> Yes—please complete Section 2b |
| Seizure Disorder | <input type="checkbox"/> No | <input type="checkbox"/> Yes—please complete Section 2c |
| Cardiac Condition (including syncope) | <input type="checkbox"/> No | <input type="checkbox"/> Yes—please complete Section 2d |
| Psychiatric/Behavioural/Cognitive Condition | <input type="checkbox"/> No | <input type="checkbox"/> Yes—please complete Section 2e |
| Allergy to cats or dogs | <input type="checkbox"/> No | <input type="checkbox"/> Yes—please complete Section 2f |

VITAL SIGNS

 Oxygen saturation _____ % Room air or O₂ _____ Lpm Blood pressure _____ Heart Rate _____

PROGNOSIS FOR A SAFE TRIP:

- | | | |
|--|--|--|
| <input type="checkbox"/> Good (No problems anticipated) | <input type="checkbox"/> Guarded (Potential problems) | <input type="checkbox"/> Poor (Problems likely) |
|--|--|--|

 Physician Signature

 Date

Passenger's Name:

Booking Ref.:

SECTION 1 – TRAVELING WITH OXYGEN

Oxygen saturation: _____% Room air
 O₂ _____ Lpm continuous
 Personal Oxygen Concentrator (POC) pulse settings: 1 2 3 4 5 6
 POC continuous settings: 1 Lpm 2Lpm 3Lpm

Does the patient already use oxygen **on the ground** ? No Yes

If yes, please provide the following information:

- O₂ tank Flow Rate: _____ Lpm Hours per day: _____
- Personal Oxygen Concentrator Brand: _____
- Pulse delivery at setting: 1 2 3 4 5 6 Hours per day _____
OR
- Continuous flow delivery at _____ Lpm Hours per day _____

Choose one of the following options **for flight**:

- Option 1 - Oxygen Request** * (provided by Air Canada – fees applicable) (Nasal prongs only, no mask)

Oxygen cylinder – required flow:

- 2 Lpm 3 Lpm 4 Lpm 5 Lpm more than 5 Lpm required

Is a pediatric mask required? Yes No

- Option 2 - Personal oxygen concentrator**** (passenger provided) – Brand: _____

Pulse delivery at setting: 1 2 3 4 5 6

OR

Continuous flow delivery at _____ Lpm

Is the passenger familiar with their portable oxygen concentrator (POC), and capable of managing the device on their own, including responding to alerts and changing of batteries?

Yes No

Does the passenger have sufficient batteries for their trip? (Aircraft do not have electrical outlets able to support power to a POC.)

Yes No

ADVANCE NOTICE REQUIRED

* North America: 48 hours

* International: 72 hours

** POC or CPAP: 48 hours

Best efforts will be made to accommodate requests made within this timeframe.

Physician Signature

Date

Passenger's Name: _____

Booking Ref.: _____

SECTION 2 – DECLARATION OF ILLNESS, ACCIDENT OR TREATMENT (Continued)**d) Cardiac Conditions**

Can the passenger tolerate mild exertion—example, walk 100 meters at a normal pace or climb 10-12 stairs—without symptoms? Yes No

Angina: No Yes Date of last episode: _____

Limit to physical activity: None Slight Marked Severe

Myocardial Infarction: No Yes - Date: _____

Complications: No Yes – Specify: _____

Low risk on angiography or non-invasive studies? Yes No

If angioplasty or coronary bypass, date: _____

Cardiac Failure: No Yes – Date of last episode: _____

Functional class: No symptoms

Short of breath: With major effort With light effort At rest

Syncope: No Yes – Diagnosis/Presumed cause: _____

– Investigations, if any: _____

e) Psychiatric/Behavioural/Cognitive Condition No Yes Diagnosis: _____

Is there a possibility that the passenger will become agitated during the flight, causing safety risk or significant distress to others? No Yes

Has s/he previously flown in a commercial aircraft in this condition? No Yes

If yes, did s/he travel: Alone Accompanied Date of travel: _____

f) Allergy Does the passenger carry an asthma inhaler/pump? No Yes

Allergy to cats

Does the passenger suffer from itchy eyes runny nose itchy skin/rash
 wheezing cough dyspnea

Allergy to dogs

Does the passenger suffer from itchy eyes runny nose itchy skin/rash
 wheezing cough dyspnea

Other medical information

Physician Signature_____
Date

Costs for completing this form are the passenger's responsibility.

Passenger's Name:

Booking Ref.:

SECTION 3 – EXTRA SEATING BY REASON OF OBESITY
FOR ITINERARIES WHOLLY WITHIN CANADA ONLY
THIS SECTION REQUIRED ONLY IF REQUESTING AN EXTRA SEAT FOR REASONS OF OBESITY

The information provided herein will assist Air Canada in determining passenger's right to accommodation in the form of extra seating without charge.

For first assessment, please ensure all sections above are completed by the attending physician.

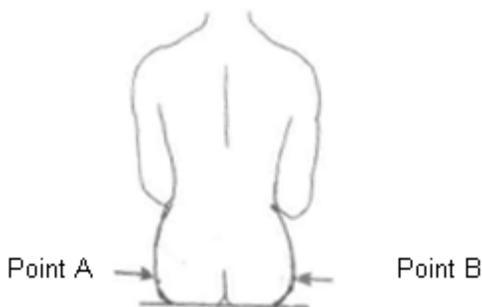
If this is a renewal, this section can be completed by an occupational therapist, a physiotherapist or nurse practitioner provided no other co-morbidities had been identified by the physician in the initial assessment and passenger's fitness for flying has not changed in the last 2 years.

Measurements (please use metric measurements)

- a) Weight _____ kg
- b) Height _____ cm
- c) Body Mass Index _____ (kg/m²)
- d) Surface measurement * A to B _____ cm

* Surface measurement should be calculated by measuring the distance between the extreme widest projection points of the patient when seated as follows instruction:

1. Have your patient sit on a paper covered examination table.
2. Rest a ruler or straightedge on the left side of patient at the widest point (hip or waist) as shown on diagram below.
3. Mark the touch point between the ruler and the paper as Point A.
4. Rest a ruler or straightedge on the right side of patient at the widest point (hip or waist).
5. Mark the touch point between the ruler and the paper as Point B.
6. Measure the distance between Point A and Point B, and indicate this measurement above under "Surface Measurement" (item d).



Call the Air Canada Medical Assistance Desk at 1-800-667-4732 and provide your booking reference in order to request extra seating for medical reasons and make any other necessary arrangements for your flight.

 Physician Signature

 Date

Passenger's Name:

Booking Ref.:

SECTION 4 – TRAVELING BETWEEN CANADA AND THE U.S.A.

For passengers traveling on a flight between Canada and the USA, we can only require the completion of this Section 4 of this FITNESS FOR AIR TRAVEL Form.

However, we strongly recommend that Section 2 be completed by the attending physician to ensure that passengers' condition will not be aggravated in a hypoxic cabin environment.

1. Reasonable Doubt

Will the passenger be able to complete the flight safely without requiring extraordinary medical attention?

- Yes
- No – for instance, the passenger:
- a) Has an unstable medical condition;
 - b) Has a medical condition that may worsen in a hypoxic environment;
 - c) May require medical assistance during flight;
 - d) May require the use of onboard emergency medical equipment; or
 - e) Is unable to self-administer medications or routine medical care necessary to maintain the stability of his/her condition during a flight (e.g. insulin injection).

2. Communicable Diseases

a) Does the passenger have a disease or infection that, would under the present conditions, be communicable to other persons and that could pose a direct threat to the health or safety of others during the normal course of the flight?

No Yes

b) Are there any conditions or precautions that would have to be observed to prevent the transmission of the disease or infection to other persons in the normal course of the flight?

No Yes

If so, state which:

3. Oxygen

Does the passenger use oxygen on the ground, or will the passenger require supplemental oxygen in flight?

No Yes – Please complete **Section 1**

Physician Signature_____
Date*

***Must be dated within 10 days of the date of the initial departing flight.**