

**PART A: MEDICAL INFORMATION FORM**

Note that if the enclosed Medical Clearance Guidelines indicate further information is required, the enclosed Part B Form must also be completed by the treating medical practitioner.

<b>1. PERSONAL INFORMATION (to be completed by the guest)</b>				
<b>Guest/Passenger Details:</b>				
Name				
Phone Number				
<b>Emergency Contact Details:</b>				
Name				
Address				
Phone Number				
Mobile Number				
<b>2. TRAVEL INFORMATION (to be completed by the guest)</b>				
Booking Ref #:				
Flight Sector	Date of flight	Flight Number	Travelling from	Travelling to
1				
2				
3				
4				
5				
<b>3. MEDICAL INFORMATION (to be completed by the treating Doctor)</b>				
<i>*Non completion of this section will result in this form being returned, which may cause a delay in travel.</i>				
<b>Medical Condition:</b>				
<b>Date of Diagnosis:</b>				
<i>(including onset of current illness, episode, accident and treatment)</i>				
<b>Date of Surgery:</b>				
If applicable, details of a condition not specified in the medical clearance guidelines:				
Additional medical information may assist in the care of the passenger in the unlikely event of an emergency during flight or at the airport:				
Allergies				
Medication				
If applicable, date of any recent surgical operation or date of diagnosis			Date: ____ / ____ / ____	
<b>4. OXYGEN REQUIREMENTS (to be completed by the treating Doctor)</b>				
(a)	Is supplemental oxygen required in flight:		<input type="radio"/> NO	<input type="radio"/> YES
(b)	If YES	Flow rate	2L/min	Intermittent / Continuous
			4L/min	Intermittent / Continuous
(c)	Is passenger travelling with their own oxygen?		<input type="radio"/> NO	<input type="radio"/> YES
<b>For domestic services only and must only be supplied by Air Liquide, BOC, Supagas.</b>				

5. ADDITIONAL CLINICAL INFORMATION		
(a) Anaemia	O Yes O No	If yes, give recent result in grams of haemoglobin.
(b) Psychiatric and seizure disorder	O Yes O No	If yes, <b>see Part B.</b>
(c) Cardiac condition	O Yes O No	If yes, <b>see Part B.</b>
(d) Normal bladder control	O Yes O No	If no, give mode of control
(e) Normal bowel control	O Yes O No	
(f) Respiratory condition	O Yes O No	If yes, <b>see Part B.</b>
(g) Does the patient use oxygen at home?	O Yes O No	If yes, specify how much
(h) Oxygen needed in flight?	O Yes O No	If yes, specify O 2 LPM O 4LPM O Other
5. ESCORT		
(a) Is the patient fit to travel unaccompanied?	O Yes O No	
(b) If no, would a meet-and-assist (provided by Link Airways to embark and disembark) be sufficient?	O Yes O No	
(c) If no, will the patient have a private escort to take care of his/her needs on board?	O Yes O No	
(d) If yes, who should escort the passenger?	O Doctor O Nurse O Other	
(e) If other, is the escort fully capable to attend to all the above needs?	O Yes O No	
6. MOBILITY		
(a) Able to walk without assistance?	O Yes O No	
(b) Wheelchair required for boarding?	O Yes O No	
7. MEDICATION LIST		
8. DOCTORS DECLARATION (to be completed by the treating Doctor)		
<p><i>I have read and understand Link Airways Medical Clearance Guidelines and I certify the above named passenger has been assessed by me as fit to travel on the nominated flight. I further certify that this person does not have any contagious disease that could directly place another passenger or the crew at risk, or that would contravene relevant quarantine or public health department regulations.</i></p> <p>I, (name of doctor) _____ hereby declare that to the best of my knowledge,</p> <p>(name of passenger) _____ is fit to travel.</p> <p><i>(As a courtesy, Link Airways may notify any doctor who clears a passenger for travel if the condition of the passenger deteriorates inflight, or if the level of care required for that passenger results in an interruption to normal operations.)</i></p>		
Doctor's signature and qualifications		Date
Practice contact number (business hrs)		After hours contact number
9. PASSENGERS DECLARATION (to be completed by the passenger)		
<p><i>I declare the information contained on this Part A and Part B (where applicable) is complete and accurate. I authorise Link Airways to use and release this information as required in the event of an emergency. I acknowledge that Link Airways staff are not medically trained and Link Airways cannot guarantee I will receive appropriate attention in the event of a medical emergency or any other medical related situation. I acknowledge Link Airways reserves the right to refuse travel, notwithstanding completion of this form, if Link Airways considers it is not in my best interests to fly.</i></p>		
Passenger signature	Date	

**PART B: INFORMATION SHEET FOR PASSENGERS REQUIRING MEDICAL CLEARANCE**

(to be completed by the passenger's treating medical practitioner)

1. CARDIAC CONDITION			
(a) Angina	<input type="radio"/> Yes <input type="radio"/> No	When was the last episode?	
Is the condition stable?	<input type="radio"/> Yes <input type="radio"/> No		
Functional class of the patient?			
<input type="radio"/> No symptoms	<input type="radio"/> Angina with important efforts	<input type="radio"/> Angina with light efforts	<input type="radio"/> Angina at rest
Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms?			<input type="radio"/> Yes <input type="radio"/> No
(b) Myocardial infarction	<input type="radio"/> Yes <input type="radio"/> No	Date	
Complications?	<input type="radio"/> Yes <input type="radio"/> No	If yes, give details	
Stress EKG done?	<input type="radio"/> Yes <input type="radio"/> No	If yes, what was the result?	
If angioplasty or coronary bypass, can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms?		<input type="radio"/> Yes <input type="radio"/> No	
(c) Cardiac failure	<input type="radio"/> Yes <input type="radio"/> No	When was the last episode?	
Is the patient controlled with medication?	<input type="radio"/> Yes <input type="radio"/> No		
Functional class of the patient?			
<input type="radio"/> No symptoms	<input type="radio"/> Shortness of breath with important efforts	<input type="radio"/> Shortness of breath with light efforts	<input type="radio"/> Shortness of breath at rest
(d) Syncope	<input type="radio"/> Yes <input type="radio"/> No	When was the last episode?	
Investigations?	<input type="radio"/> Yes <input type="radio"/> No	Is yes, state results	
2. CHRONIC PULMONARY CONDITION <input type="radio"/> Yes <input type="radio"/> No			
(a) Has the patient had recent arterial gases?	<input type="radio"/> Yes <input type="radio"/> No		
(b) Blood gases were taken on	<input type="radio"/> Room air	<input type="radio"/> Oxygen	<input type="radio"/> LPM
If yes, what were the results?			
Saturation	Date of exam		
(c) Does the patient retain CO <sub>2</sub> ?	<input type="radio"/> Yes <input type="radio"/> No		
(d) Has his/her condition deteriorated recently?	<input type="radio"/> Yes <input type="radio"/> No		
(e) Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms?	<input type="radio"/> Yes <input type="radio"/> No		
(f) Has the patient ever taken a commercial aircraft in these same conditions?	<input type="radio"/> Yes <input type="radio"/> No		
Is yes, when?			
Did the patient have any problems?			
3. PSYCHIATRIC CONDITIONS <input type="radio"/> Yes <input type="radio"/> No			
(a) Is there a possibility that the patient will become agitated during the flights?	<input type="radio"/> Yes <input type="radio"/> No		
(b) Has he/she taken a commercial aircraft before?	<input type="radio"/> Yes <input type="radio"/> No		
If yes, date of travel?			
Did the patient travel	<input type="radio"/> Alone	<input type="radio"/> Escorted?	

<b>4. SEIZURE</b>		<input type="radio"/> Yes <input type="radio"/> No
(a)	What type of seizure?	
(b)	Frequency of the seizures	
(c)	When was the last seizure?	
(d)	Are the seizures controlled by medication	<input type="radio"/> Yes <input type="radio"/> No
<b>5. PROGNOSIS FOR THE TRIP</b>		<input type="radio"/> Yes <input type="radio"/> No
Physician Signature		Date
<b>Note:</b> Link Airways crew are not authorised to give special assistance (e.g. lifting) to particular passengers, to the detriment of their service to other passengers. Additionally, Link Airways crew are trained only in <b>first aid</b> and are not permitted to administer any injections, or to give medication.		
<b>Important:</b> 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.		

Dear Doctor,

In order to completely assess your patient's fitness to fly, we appreciate you providing as much medical information as is possible, this allows our Medical Department to review and appropriately risk assess travel to ensure your patient reaches their destination safely and well.

For complicated medical cases, Link Airways is available to discuss your patient's case, please request to be connected through to our Operations Manager.

Please provide any further relevant medial information below:

Doctor's signature:	Date:
---------------------	-------

These guidelines provide detailed information for Link Airways passengers and their treating medical practitioner. The Guidelines adopt and accord with the IATA Medical Manual and may be updated by Link Airways from time to time. The current version of this document will always be found at [www.linkairways.com](http://www.linkairways.com) or can be accessed by contacting us on email [reservations@linkairways.com](mailto:reservations@linkairways.com)

Diagnosis	Assessment by a doctor with aviation medicine experience	Accept	Comments
<b>Cardiovascular and other Circulatory Disorders</b>			
Angina	Unstable angina or angina with minimal exertion	Controlled with medication. No angina at rest.	
Myocardial infarction	Within last 10 days or high risk (EF<40%, heart failure, pending further investigation, revascularization or device therapy)	>10 days if uncomplicated	
Cardiac failure	Acute heart failure or uncontrolled chronic heart failure	If cardiac failure is controlled and condition is stable	Adequate control is someone that can walk 50 meters or go up a flight of stairs on room air at a normal pace without breathlessness. Otherwise, in-flight oxygen needs to be considered
Pulmonary oedema	Unresolved	Resolved pulmonary Oedema + any precipitating condition	May need also to comply with myocardial infarction rules
Cyanotic congenital heart disease	All cases		In-flight oxygen needs to be considered in all cases
Cardiac surgery	9 days or less for CABG and valve surgery. Recent transpositions, ASD, VSD, transplants etc.	>10 days	ASD = atrial septal defect VSD = ventricular septal defect CABG = coronary artery bypass graph
Angiography (Heart - Coronary artery X rays)	24 hours or less	>24 hours if original condition is stable	
Angioplasty with or without stent (Widening of arteries)	2 days or less	>3 days if asymptomatic	
Pacemaker or defibrillator implantation		>2 days if no pneumothorax and rhythm is stable	
Ablation therapy		>2 days	Patient flying within a week of the procedure is considered at high risk of DVT
Deep venous Thrombosis of legs	If active	Once asymptomatic	Stable on oral anticoagulants
Pulmonary embolism	Onset 4 days or less	>5 days if anticoagulation stable and PAO <sub>2</sub> normal on room air	The new direct factor Xa inhibitor may be acceptable
<b>Blood disorders</b>			
Anemia	Hb less than 9.5 g/dl (5.9 mmol/L) unless due to chronic disease	>Hb 9.5 g/dl (5.9 mmol/L)	If acutely anemic, Hb level should be assessed more than 24 hrs. after last blood loss, which must have ceased
Sickle cell disease	Sickling crisis in previous 9 days	>10 days	Always need supplement of oxygen
<b>Respiratory Disorders</b>			
Pneumothorax (air in the cavity around the lung due to a puncture wound or spontaneous)	6 days or less after full inflation. If general condition is adequate, early transportation with "Heimlich type" drain and a doctor or nurse escort is acceptable	7 after full inflation 14 days after inflation for traumatic pneumothorax	
Chest surgery	10 days or less	>11 with uncomplicated recovery	e.g. lobectomy, pleurectomy, open lung biopsy
Pneumonia	With symptoms	Fully resolved or, if X-ray signs persist, must be symptom free	
Tuberculosis	Untreated or in the first two weeks of treatment	After at least two weeks of appropriated treatment and asymptomatic	
COPD, emphysema, pulmonary fibrosis, pleural effusion (fluid in the lung cavity) and hemothorax (Blood in the cavity around the lung) etc.	Supplementary oxygen needed a ground level. P02< 50mm Hg Unresolved recent exacerbation	Exercise tolerance (walk) > 50 metres without dyspnea and general condition is adequate. Full recovery if recent exacerbation. No current infection.	

Diagnosis	Assessment by a doctor with aviation medicine experience	Accept	Comments
Cystic Fibrosis	FEV1 < 50% at ground level	No current infection	
Asthma		Currently asymptomatic and no infection	
Cancer	Under active treatment (radio or chemo) Pleural effusion Dyspneic at ground level	Asymptomatic	Major hemoptysis is a contraindication
Bronchiectasis	Hypoxemic at ground level	No current infection	
Neuromuscular disease	Severe extra pulmonary restriction Need home ventilation		
Pulmonary arteriovenous malformations	If severe hypoxemic (SpO2 < 80% at ground level)		
<b>CNS disorders (Central Nervous System)</b>			
TIA	2 days or less	After 2 days and proper investigation	
CVA (Stroke)	4 days or less	5-14 days if stable or improving, with a nurse escort. Passenger travelling in the first 2 weeks post stroke should receive supplementary oxygen	If an uncomplicated recovery has been made, a nurse escort is not required.
Grand mal fit	24 hrs or less	>24 hours if generally well controlled	
Cranial surgery	9 days or less	>10 days, cranium free of air and adequate general condition	
<b>Gastro-intestinal</b>			
GIT Bleed	24 hours or less following a bleed	>10 days	1-9 days can travel if endoscopic or other clear evidence (i.e. Hb has continued to rise to indicate bleeding has ceased) of healing
Major abdominal surgery	9 days or less	>10 days if uncomplicated recovery	e.g. bowel resection, "open" hysterectomy, renal surgery etc.
Appendectomy	4 days or less	25 days if uncomplicated recovery	
Laparoscopic surgery (Keyhole)	4 days or less	>5 days if uncomplicated recovery	e.g. cholecystectomy (gall bladder removal), tubal surgery
Investigative laparoscopy	24 hours or less	>24 hours if gas absorbed	
<b>ENT disorders (Ear, Nose and Throat)</b>			
Otitis media and sinusitis	Acute illness or with loss of Eustachian function	If able to clear ears	
Middle ear surgery	9 days or less	>10 days with medical certificate from treating ENT	Ex: Stapedectomy
Tonsillectomy	10 days or less		Although it may be ok to fly between day 3 and 6, there is a significant risk of bleeding between day 1 and 2 and between day 7 and 10
Wired jaw	Without escort	Escorted (+ cutters) or self quick release wiring	
<b>Psychiatric illness</b>			
Acute psychosis	Episode within 30 days (e.g. mania, schizophrenia, drug induced)		This is for safety reason
Chronic psychiatric disorders	If significant risk of deterioration in flight	If properly controlled by medication and stable (i.e. living out in the community taking care of all own needs including medication)	

<b>Eye disorders</b>			
Penetrating eye injury	6 days or less	>7 days	Any gas in globe must be resorbed
Intra-ocular surgery	6 days or less	>7 days	Any gas injected in the globe must be resorbed; for injection of SF6, a minimum of 2 weeks is required and for C3F8, a minimum of 6 weeks is required; written specialist fitness to fly commercially is required.
Cataract surgery	24 hours or less	>24 hours	
Corneal laser surgery	24 hours or less	>24 hours	
<b>Pregnancy</b>			
Single, uncomplicated	Beyond end of 36 <sup>th</sup> week (Calculated using the Estimated Date of Delivery - EDD)	Clearance not required before end of 36 weeks	
Multiple, uncomplicated	Beyond end of 32 <sup>nd</sup> week (Calculated using the Estimated Date of Delivery - EDD)	Clearance not required before end of 32	
Complicated pregnancies	On individual basis		
Miscarriage (threatened or complete)	With active bleeding	Once stable, no bleeding and no pain for at least 24 hours	
<b>Neonates</b>			
New born	Less than 48 hours old Incubator +/- ventilator cases	Fit and healthy babies can travel at 48 hrs. but preferably at 7 days	
<b>Trauma</b>			
Full plaster cast (flight more than 2 hrs.)	Less than 48 hours after injury if the cast is not bivalved	>48hrs	Comply also with anemia rules for # femur/pelvis i.e. HB 9.5 gm/dl (5.9 mmol/L)
Burns	If still shocked or with widespread infection	If medically stable and well in other respects	
Ventilators	Seriously ill cases should only be accepted after detailed discussion with airline medical advisor	Long term stable cases requiring only ventilation with air	
<b>Miscellaneous</b>			
Communicable diseases	During contagious stage of illness		
Spinal surgery	Within 7 days of surgery	after 7 days of surgery	Passengers must be able to sit upright for take off and landing. Should be able to tolerate unexpected severe turbulence and vibration associated with flight. Support braces such as a Halo brace may prevent wearing of the lifejacket in the unlikely event of an emergency.
Terminal illness (if prognosis for the flight is poor)	Individual assessment of cases		
Decompression	Untreated and/or symptomatic cases	3 days after treatment for bends only or 7 days after treatment for neurological symptoms	

**References:**

Fitness to fly for passengers with cardiovascular disease. The report of the working group of the British Cardiovascular Society, Heart 2010;ii1-ii16. doi:10.1136/hrt.2010.203091.

Managing passengers with stable respiratory disease planning air travel: British Thoracic Society recommendations. Thorax, Sept. 2011, Vol 66, Supplement 1.

**INCUBATION AND INFECTIVITY**

PERIODS OF INFECTIVITY IN CHILDHOOD INFECTIOUS DISEASE	
Chickenpox	5 days before rash – 6 days after last crop
Diphtheria	2-3 weeks (shorter with antibiotic therapy)
Measles	From onset of prodromal symptoms until 4 days after onset of rash
Mumps	3 days before salivary swelling – 7 days after
Rubella	7 days before onset of rash – 4 days after
Scarlet fever	10-21 days after onset of rash (shortened to 1 day by penicillin)
Whooping cough	7 days after exposure – 3 weeks after onset of symptoms (shortened to 7 days by antibiotics)

INCUBATION PERIODS OF IMPORTANT INFECTIONS		
INFECTION	INCUBATION PERIOD	
	Maximum Range	Usual Range
<b>Short incubation periods (less than 7 days)</b>		
Anthrax	2-5 days	
Bacillary dysentery	1-7 days	
Cholera	Hours-5 days	2-3 hours
Diphtheria	2-5 days	
Gonorrhoea	2-5 days	
Meningococacaemis	2-10 days	3-4 days
Scarlet fever	1-3 days	
<b>Intermediate incubation periods (7-21 days)</b>		
Amoebiasis	14-28 days	21 days
Brucellosis	7-21 days	
Chickenpox	14-21 days	
Lassa fever	7-14 days	
Malaria	10-14 days	
Measles	7-14 days	10 days
Mumps	12-21 days	18 days
Whooping cough	7-10 days	7 days
Poliomyelitis	3-21 days	7-10 days
Psittacosis	4-14 days	10 days
Rubella	14-21 days	18 days
Smallpox	7-17 days	11 days
Trypanosoma (rhodesiense infection)	14-21 days	
Typhoid fever	7-21 days	
Typhus fever	7-14 days	12 days
<b>Long incubation periods (more than 21 days)</b>		
Filariasis	3 months +	
Hepatitis A	2-6 weeks	4 weeks
Hepatitis B	6 weeks-16 months	12 weeks
Cutaneous leishmaniosis	1 week-months	
Visceral leishmaniosis	2 weeks-12 years	2-4 months
Leprosy	Months-years	
Rabies	Variable	2-8 weeks
Trypanosoma (gambiense infection)	Weeks-years	