

**MEDICAL DEPARTMENT**
**MON-FRI 06:00-20:00 EST**
**SAT-SUN 06:00-18 :00 EST**
**Email : [acmedical@aircanada.ca](mailto: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  O<sub>2</sub> \_\_\_\_\_ Lpm    Blood pressure \_\_\_\_\_    Heart Rate \_\_\_\_\_

**PROGNOSIS FOR A SAFE TRIP:**
 Good

(No problems anticipated)

 Guarded

(Potential problems)

 Poor

(Problems likely)

 \_\_\_\_\_  
 Physician Signature

 \_\_\_\_\_  
 Date

Passenger's Name:

Booking Ref.:

**SECTION 1 – TRAVELING WITH OXYGEN**

Oxygen saturation: \_\_\_\_\_%  Room air  
 O<sub>2</sub> \_\_\_\_\_ 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:

- O<sub>2</sub> 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.*

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Physician Signature

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Date

Passenger's Name: \_\_\_\_\_

Booking Ref.: \_\_\_\_\_

**SECTION 2 – DECLARATION OF ILLNESS, ACCIDENT OR TREATMENT**

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Treatment: \_\_\_\_\_

Medications: \_\_\_\_\_

Will a cabin pressure the equivalent to an elevation of 2400 m (8000 ft) above sea level (i.e. a 25% reduction in the ambient partial pressure of oxygen and an expansion of the volume of gas) affect the passenger's medical condition?  Yes  No

**a) Does the patient require an attendant to travel?** No  Yes

Medical reason passenger is unable to travel alone: \_\_\_\_\_

Is an escort required in flight to assist with eating, medications & toileting?  Yes  No

Who should accompany passenger?

 Doctor  Nurse  Other (adult family/friend able to attend to all personal *and* safety needs)Bowel Control:  Yes  No Bladder Control:  Yes  No (Mode of control: \_\_\_\_\_)**Able to walk** without assistance?  Yes No Wheelchair required for boarding  To aircraft  To seatPassenger has own wheelchair  Electrical  Manual**For adults with cognitive disabilities not needing an attendant**, is airport assistance required?  Yes  No**b) Chronic Pulmonary Condition** No  Yes – Diagnosis: \_\_\_\_\_Short of breath:  No  On exertion  At restCan the passenger tolerate mild exertion—example, walk 100 meters at a normal pace or climb 10-12 stairs—without symptoms?  Yes  NoHas the passenger recently taken a commercial aircraft in these same conditions?  Yes  No

If yes, any medical problems or complications? \_\_\_\_\_

Has the passenger had recent arterial gases?  No  Yes If yes, what were the results?pCO<sub>2</sub> \_\_\_\_\_ pO<sub>2</sub> \_\_\_\_\_ Saturation \_\_\_\_\_ % Date of exam: \_\_\_\_\_Blood gases were taken on:  Room air  Oxygen \_\_\_\_\_ LPM**c) Seizure** No  Yes: Cause/Type: \_\_\_\_\_

When was the last seizure? \_\_\_\_\_

Last hospital visit for seizure \_\_\_\_\_

Are the seizures controlled by medication?  Yes  No

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.

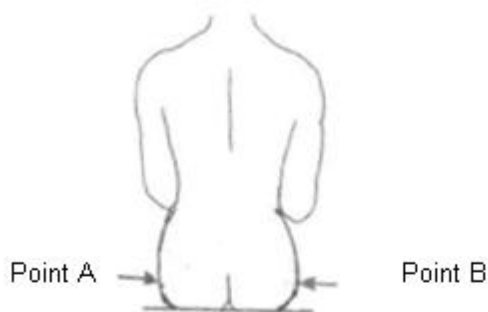
If this is a renewal, this section can be completed by an occupational therapist, a physiotherapist or nurse practitioner provided no other co-morbidities had been identified by the physician in the initial assessment and passenger's fitness for flying has not changed in the last 2 years.

**Measurements** (please use metric measurements)

- a) Weight \_\_\_\_\_ kg
- b) Height \_\_\_\_\_ cm
- c) Body Mass Index \_\_\_\_\_ (kg/m<sup>2</sup>)
- 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:

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**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**

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Physician Signature

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Date\*

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