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**Medical information (to be completed by the attending doctor)**

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<b>1 General state of health (compulsory):</b>
<b>1.1 Date of the diagnosis:</b>
<b>1.2 Diagnosis (including date of first appearance of the symptom for the current disease, accident or therapy, is it contagious?):</b>
<b>1.3 Current complaints, performance impairment:</b>
<b>1.4 Current medication:</b>
<b>1.5 In your opinion, does the flight passenger have a contagious or transmittable disease:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes -> Please specify:
<b>1.6 In your opinion, does the patient require hospitalisation at the destination:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes -> Measures:
<b>1.7 In your opinion, would a 25% to 30% reduction in the partial pressure of oxygen (relative hypoxia) impair the passenger's health (cabin pressure corresponds to a rapid ascent to 2,400 metres / 8,000 feet a.s.l):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
<b>1.8 In your opinion, can the patient use a normal passenger seat with upright backrest:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**1.9 In your opinion, does the patient need medical care (beyond own treatment) and/or special medical devices during the flight:**

**1.9.1 On ground at the airport:**

No  Yes -> Please specify:

**1.9.2 During the flight:**

No  Yes -> Please specify:

**2 Mobility and need for an escort (compulsory information):**

**2.1 In your opinion, can the patient walk 100 metres or climb 10-12 steps without assistance and symptoms:**

Yes  No

**2.2 In your opinion, is there any need for a wheelchair/escort (this is free of cost) for the distance:**

**2.2.1 Wheelchair service for persons with impaired mobility:**

up to gate (WCHR)  up to aircraft door (WCHS)  up to seat (WCHC)

**2.2.2 Escort for:**

deaf (DEAF)  blind (BLIND)  mentally handicapped (DPNA)

**2.3 In your opinion, can the patient fly alone and carry out all the activities required on board on his own:**

No  Yes -> Please answer from point 3 onwards

**2.4 In your opinion, is assistance during embarking/disembarking (by the airport staff) sufficient assistance:**

No  Yes -> Please answer from point 3 onwards

**2.5 In your opinion, must the patient be accompanied by a suitable person.  
If so, please specify:**

- No -> Please answer from point 3 onwards
- Yes -> Please specify:
- Physician
  - Nursing staff/paramedic
  - Private person

**2.6 In your opinion, would this person provide all the necessary assistance:**

- Yes             No    Why not:

### **3 Medical oxygen (compulsory):**

**3.1 In your opinion, is the administration of medical oxygen on the ground necessary:**

- No                     Yes -> Please answer point 4 and please also specify how many litres per minute (LPM) are required on the ground:

**3.2 In your opinion, is carrying or administering medical oxygen during the flight necessary:**

- No                     Yes -> Please answer point 4 and please also specify how many litres per minute (LPM) are required during the flight:

#### 4 Respiratory diseases (if applicable):

##### 4.1 In your opinion, does the patient suffer from a respiratory disease:

- No                       Yes -> Please answer sub-points 1-6

Note: A current blood-gas analysis (BGA) is necessary for answering the following questions. This analysis must be performed in ambient air and by administration of oxygen when the passenger needs oxygen on the ground or during the flight. (Please perform the BGA below the planned oxygen volume)

##### 4.1.1 Blood-gas analysis in ambient air:

pCO<sub>2</sub> [kPa/mmHg]: \_\_\_\_\_ pO<sub>2</sub> [kPa/mmHg]: \_\_\_\_\_ % saturation: \_\_\_\_\_

##### 4.1.2 Blood-gas analysis by administration of \_\_\_\_\_ litres of oxygen per minute (LPM):

pCO<sub>2</sub> [kPa/mmHg]: \_\_\_\_\_ pO<sub>2</sub> [kPa/mmHg]: \_\_\_\_\_ % saturation: \_\_\_\_\_  
(If the pO<sub>2</sub> value lies below 2 litres of oxygen, or the planned volume of oxygen < 70 mm HG, please perform the BGA with 4 litres of oxygen)

##### 4.1.3 Blood-gas analysis by administration of 4 litres of oxygen per minute (LPM):

pCO<sub>2</sub> [kPa/mmHg]: \_\_\_\_\_ pO<sub>2</sub> [kPa/mmHg]: \_\_\_\_\_ % saturation: \_\_\_\_\_

##### 4.1.4 Is there any CO<sub>2</sub> retention or hypercapnia:

- No                       Yes Date of the diagnosis :

##### 4.1.5 Has the general state of health deteriorated recently:

- Yes                       No

##### 4.1.6 Has the patient ever flown with a commercial airline in this state of health:

- No                       Yes when:  
Did any problems occur:

**5 Cardiovascular diseases (if applicable):**

**5.1 In your opinion, does the patient suffer from a cardiovascular disease:**

No  Yes -> Please answer sub-points 1-5

**5.1.1 Angina:**

**In your opinion, does the patient suffer from angina:**

No  Yes -> When did it occur last :

**Is the condition stable:**

Yes  No

**Functional impairments:**

No symptoms  Angina under considerable stress  
 Angina in relaxed state  Angina under minor stress

**5.1.2 Myocardial infarction (heart attack):**

**Does the patient suffer from myocardial infarction:**

No  Yes -> When did it occur last:

**Complications:**

No  Yes -> Following:

**Stress ECG:**

No  Yes -> Result: MET or Watt

**5.1.3 Cardiac insufficiency (heart failure):**

**In your opinion, does the patient suffer from cardiac insufficiency:**

No  Yes -> Last decompensation on (DD.MM.YY):

**Is the patient stable under medication:**

No  Yes

**Functional impairments:**

No symptoms under normal stress  Dyspnoea under considerable stress  
 Dyspnoea (breathlessness)

**5.1.4 Syncope**

No  Yes -> When did it occur last:

**5.1.5 Were any diagnostic examinations carried out:**

No  Yes -> Result:

**6 Convulsions/epilepsy (if required):**

**6.1 Did any convulsions or epileptic attacks occur in the present or in the past:**

No  Yes -> Please answer sub-points 1-4

**6.1.1 Type of convulsions:**

**6.1.2 Frequency of convulsions:**

**6.1.3 When did they occur last:**

**6.1.4 Medication-based anti-convulsant prophylaxis:**

Yes  No

**7 Psychological impairments and/or psychiatric illnesses (if applicable):**

**7.1 In your opinion, does the patient suffer from a psychological impairment and/or a psychiatric illness:**

No  Yes-> Please answer sub-points a) and b)

**7.1.1 In your opinion, is the patient likely to suffer from agitation during the flight:**

Yes  No

**7.1.2 Has the patient ever before flown with a commercial airline:**

No

Yes -> The patient flew on : \_\_\_\_\_

alone  with escort

**8 Injuries/operations in the last 4 weeks (if applicable):**

**8.1 Did any fractures occur?**

No  Yes -> Which ones, date of diagnosis and therapy:

What is the current Hb value? \_\_\_\_\_ (mg/dl)

**8.2 Is the patient immobilised with a plaster?**

No  Yes-> Since when: \_\_\_\_\_

Closed plaster cast / circular plaster cast

No  Yes

**8.3 In the case of head injuries with fractures and intra-cerebral bleeding and after neurosurgical operations in the last 6 weeks:**

When did the last CCT take place and what was the result?

Did the results of the last CCT exclude intracranial air pockets?

**8.4 After major abdominal operations:  
What was operated upon and when:**

What is the current Hb value? \_\_\_\_\_(mg/dl)



**9 Other information (compulsory)**

**9.1 What would be your prognosis for the patient's proposed air travel:**

Good  Impaired  Poor

Justification for your prognosis:

**9.2 Is there any further medical information that has not yet been taken into account:**

Place \_\_\_\_\_ Date \_\_\_\_\_

Signature of the physician (or facsimile) \_\_\_\_\_  
(by hand)