

### 1. General Information:

1.1 Information regarding booking	
<b>Booking number:</b> _____ <i>Please add booking number to the email.</i>	<b>Outbound flight:</b> _____ - _____ On DE _____
<b>Tour operator:</b> _____	<b>Return flight:</b> _____ - _____ On _____ DE _____
<b>Booking class:</b> <input type="checkbox"/> Economy <input type="checkbox"/> Premium <input type="checkbox"/> Business	
<b>Last name:</b> _____	<b>First name:</b> _____
<b>Gender:</b> <input type="checkbox"/> male <input type="checkbox"/> female	<b>Date of birth:</b> _____
<b>Height in cm:</b> _____	<b>Weight in kg:</b> _____

1.2 Contact data of the Passenger:	
<b>Street:</b> _____	<b>House number:</b> ____
<b>Zip Code:</b> _____	<b>City:</b> _____
<b>Country:</b> _____	
<b>Email:</b> _____	<b>Telephone:</b> _____ Best availability / we will call your for payment

1.3 Attending physician:	
<b>Name of the attending physician:</b> _____	
<b>Street:</b> _____	<b>House number:</b> ____
<b>Postal code:</b> _____	<b>City:</b> _____
<b>Country:</b> _____	
<b>Email:</b> _____	<b>Telephone:</b> _____
<b>Mobile:</b> _____	<b>FAX :</b> _____

**1.4 Medically needed devices in the hand luggage (if applicable):****Do you wish to use airline provided oxygen (GBP 100 per sector):**

- No       Yes

Oxygen provided delivers a continuous flow of oxygen, with the flow regulated by a demand valve; oxygen is delivered via a nasal cannula. The demand valve opens when you inhale and cuts off the oxygen flow when you exhale. This therefore means that you receive oxygen at a rate of **2/4 litres** per minute at the rate of inhalation, but no oxygen is wasted as with free flowing oxygen supplied via a mask.

**Do you wish to take along your own oxygen concentrator:**

- No       Yes

**Manufacturer name and model name of the oxygen concentrator:**

I hereby confirm that the oxygen concentrator is battery powered since a mains power supply cannot be guaranteed. I also confirm that the concentrator has a battery life of 150% of the flight time and it is an FAA approved oxygen concentrator.  
([https://www.faa.gov/about/initiatives/cabin\\_safety/portable\\_oxygen/](https://www.faa.gov/about/initiatives/cabin_safety/portable_oxygen/))

**Other medically needed devices in the hand luggage (please indicate):**

## 2. Declaration by the passenger:

I hereby authorise the attending physician named under 1.2 to provide the necessary information both to Condor Flugdienst GmbH and to all other companies commissioned by Condor Flugdienst GmbH in this context. I release the above mentioned physician from his obligation to maintain medical confidentiality to allow him to establish my eligibility to fly.

**Important:** The flight attendants of Condor are not permitted to provide any special help (e.g. lifting of passengers) or assistance during meal times. Moreover, the cabin crew is only trained in first aid and is therefore not qualified to administer injections or medicines. In the event that you are declared eligible to fly, your flight will be subject to the pertinent air travel regulations and the general terms and conditions of business and air travel of Condor Flugdienst GmbH. Over and above these provisions, neither Condor nor its employees, attendants or agents shall be liable for any special consequences that air travel may have for your health. These consequences shall be borne solely by you at your own risk. All the information provided applies only to Condor aircraft. Different provisions may apply in the case of flights operated by other airlines on behalf of Condor.

I hereby confirm that I have taken note of all the information. Ensuing costs related to my medical diagnosis or to the flight itself shall be borne by me unless otherwise regulated by law. I also confirm that all the information provided in this form is true and complete.

Place/Date \_\_\_\_\_ Signature \_\_\_\_\_  
*(by hand)*

### 3. Medical information (to be filled in by the attending physician)

#### Overview

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**3.1 General state of health (compulsory):**

**3.1.1 Date of the diagnosis (DD.MM.YYYY):**

**3.1.2 Diagnosis (including date of first appearance of the symptom for the current disease, accident or therapy, is it contagious?):**

**3.1.3 Current complaints, performance impairment:**

**3.1.4 Current medication:**

**3.1.5 In your opinion, does the flight passenger have a contagious or transmittable disease:**

- No
- Yes -> Please specify:

**3.1.6 In your opinion, does the patient require hospitalisation at the destination:**

- No
- Yes -> Measures:

**3.1.7 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):**

- Yes
- No
- Not known

**3.1.8 In your opinion, can the patient use a normal passenger seat with upright backrest:**

- Yes             No

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

**a) On ground at the airport:**

- No             Yes -> Please specify:

**b) During the flight:**

- No             Yes-> Please specify:

<b>3.2 Mobility and need for an escort (compulsory information):</b>		
<b>3.2.1</b>	<b>In your opinion, can the patient walk 100 metres or climb 10-12 steps without assistance and symptoms:</b>	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3.2.2</b>	<b>In your opinion, is there any need for a wheelchair/escort (this is free of cost) for the distance:</b>	
	<u>Escort for:</u>	
	<input type="checkbox"/> Taube (DEAF)	<input type="checkbox"/> Blinde (BLIND) <input type="checkbox"/> geistig Behinderte (DPNA)
	<u>Wheelchair service for persons with impaired mobility:</u>	
	<input type="checkbox"/> up to gate (WCHR)	<input type="checkbox"/> up to aircraft door (WCHS) <input type="checkbox"/> up to seat (WCHC)
<b>3.2.3</b>	<b>In your opinion, can the patient fly alone and carry out all the activities required on board on his own:</b>	
	<input type="checkbox"/> Yes -> Please answer from Point 3.3 onwards	<input type="checkbox"/> No
<b>3.2.4</b>	<b>In your opinion, is assistance during embarking/disembarking (by the airport staff) sufficient assistance:</b>	
	<input type="checkbox"/> Yes -> Please answer from Point 3.3 onwards	<input type="checkbox"/> No
<b>3.2.5</b>	<b>In your opinion, must the patient be accompanied by a suitable person. If so, please specify:</b>	
	<input type="checkbox"/> No -> Please answer from Point 3.3 onwards	
	<input type="checkbox"/> Yes -> Please specify:	
	<input type="checkbox"/> Physician	<input type="checkbox"/> Nursing staff/paramedic <input type="checkbox"/> Private person
<b>3.2.6</b>	<b>In your opinion, would this person provide all the necessary assistance:</b>	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	Why not:	

### 3.3 Medical oxygen (compulsory):

#### 3.3.1 In your opinion, is the administration of medical oxygen on the ground necessary:

- No
- Yes -> Please answer Point 3.4 and please also specify how many litres per minute (LPM) are required on the ground:

#### 3.3.2 In your opinion, is carrying or administering medical oxygen during the flight necessary:

- No
- Yes -> Please answer Point 3.4 and please also specify how many litres per minute (LPM) are required during the flight:



**3.4 Respiratory diseases (if applicable):**

**3.4.1** In your opinion, does the patient suffer from a respiratory disease:

- No                       Yes-> Please answer sub-points a) to e)

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)

a) Blood-gas analysis in ambient air:

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

b) 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)

c) 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: \_\_\_\_\_

d) Is there any CO<sub>2</sub> retention or hypercapnia:

- Yes                       No

e) Date of the diagnosis (DD.MM.YY): \_\_\_\_\_

f) Has the general state of health deteriorated recently: \_\_\_\_\_

- Yes                       No

g) Has the patient ever flown with a commercial airline in this state of health:

- Yes                       No

If so, when (DD.MM.YY):

If so, did any problems occur:

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

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

- No                       Yes-> Please answer sub-points a) to e)

**a) Angina:**

In your opinion, does the patient suffer from angina:

- No                       Yes-> When did it occur last (DD.MM.YY): \_\_\_\_\_

Is the condition stable:

- Yes                       No

Functional impairments:

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

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

Does the patient suffer from myocardial infarction:

- No                       Yes-> When did it occur last (DD.MM.YY): \_\_\_\_\_

Complications:

- No                       Yes-> Following: \_\_\_\_\_

Stress ECG:

- No                       Yes-> Result: \_\_\_\_\_MET or \_\_\_\_\_Watt

**c) 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     Angina under considerable stress  
 Dyspnoea (breathlessness) under minor stress     Dyspnoea in relaxed state

**d) Syncope:**

- No                       Yes-> When did it occur last (DD.MM.YY): \_\_\_\_\_

**e) Were any diagnostic examinations carried out:**

- No                       Yes-> Result: \_\_\_\_\_

### 3.6 Convulsions/epilepsy (if required):

#### 3.6.1 Did any convulsions or epileptic attacks occur in the present or in the past:

- No                       Yes-> Please answer sub-points a) to d)

**a) Type of convulsions:**

**b) Frequency of convulsions:**

**c) When did they occur last:**

**d) Medication-based anti-convulsant prophylaxis:**

- Yes                       No

### 3.7 Psychological impairments and/or psychiatric illnesses (if applicable):

#### 3.7.1 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)

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

- Yes                       No

**b) Has the patient ever before flown with a commercial airliner?**

- No

- Yes -> The patient flew on (DD.MM.YY): \_\_\_\_\_

- alone                       with escort

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

**3.8.1 Did any fractures occur?**

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

**3.8.2 What is the current Hb value?**

\_\_\_\_\_ (mg/dl)

**3.8.3 Is the patient immobilised with a plaster. If so, since when?**

- No                       Yes-> Since when (DD.MM.YY): \_\_\_\_\_

**a) Closed plaster cast / circular plaster cast**

- No                       Yes                      -> Result: \_\_\_\_\_

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

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

**b) Did the results of the last CCT exclude intracranial air pockets?**

**3.8.5 After major abdominal operations:**

What was operated upon and when: \_\_\_\_\_ Current HB: \_\_\_\_\_

**3.9 Other information (compulsory)**

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

Good

Impaired

Poor

Justification for your prognosis:

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

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

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