

Medical information form for requesting medical clearance

Please answer **all** questions and put a cross (X) in the 'Yes' / 'No' boxes.



PART 1: To be completed by passenger (or representative)

A	NAME: _____	MALE / FEMALE																																									
	EMAIL: _____	TELEPHONE: _____																																									
B	INTENDED ITINERARY: Flight number and date: _____ or Booking reference: _____																																										
C	NATURE OF INCAPACITATION:																																										
D	INTENDED TRAVEL COMPANION OR ESCORT (doctor/nurse) (please specify):																																										
E	MOBILITY ASSISTANCE: No <input type="checkbox"/> Yes <input type="checkbox"/> <table><tr><td><u>Required level of assistance:</u></td><td></td><td><u>Are you taking your own wheelchair?</u></td><td>No <input type="checkbox"/></td><td>Yes <input type="checkbox"/></td></tr><tr><td>To/from aircraft:</td><td>No <input type="checkbox"/></td><td>Yes <input type="checkbox"/></td><td>Collapsible:</td><td>No <input type="checkbox"/></td><td>Yes <input type="checkbox"/></td></tr><tr><td>Help with stairs:</td><td>No <input type="checkbox"/></td><td>Yes <input type="checkbox"/></td><td>Power driven:</td><td>No <input type="checkbox"/></td><td>Yes <input type="checkbox"/></td></tr><tr><td>Immobile:</td><td>No <input type="checkbox"/></td><td>Yes <input type="checkbox"/></td><td>Spillable battery:</td><td>No <input type="checkbox"/></td><td>Yes <input type="checkbox"/></td></tr><tr><td>Use of on-board wheelchair*:</td><td>No <input type="checkbox"/></td><td>Yes <input type="checkbox"/></td><td>Weight (kg):</td><td colspan="2">_____</td></tr><tr><td></td><td></td><td></td><td>Dimensions (cm):</td><td colspan="2">_____</td></tr><tr><td></td><td></td><td></td><td>(Length x Width x Height)</td><td colspan="2">_____</td></tr></table> <p>* You need to be able to lift yourself in/out of the on-board wheelchair or travel with someone who can help you do that.</p>		<u>Required level of assistance:</u>		<u>Are you taking your own wheelchair?</u>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	To/from aircraft:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Collapsible:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Help with stairs:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Power driven:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Immobile:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Spillable battery:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Use of on-board wheelchair*:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Weight (kg):	_____					Dimensions (cm):	_____					(Length x Width x Height)	_____	
<u>Required level of assistance:</u>		<u>Are you taking your own wheelchair?</u>	No <input type="checkbox"/>	Yes <input type="checkbox"/>																																							
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			(Length x Width x Height)	_____																																							
F	SPECIFIC IN-FLIGHT REQUIREMENTS: (e.g. oxygen, seating, meals)																																										
G	MEDICAL EQUIPMENT: Are you taking any medical equipment with you on board? No <input type="checkbox"/> Yes <input type="checkbox"/> (e.g. CPAP, ventilator, nebuliser, Portable Oxygen Concentrator, etc.) If yes, do you need to use it during the flight? No <input type="checkbox"/> Yes <input type="checkbox"/> Please specify the type of equipment including make and model: _____ Power supply: <ul style="list-style-type: none">We cannot guarantee in-seat power supply; equipment must be battery-powered to ensure continuous use on board.If your device uses lithium batteries, it is important to provide us with the watt-hour (Wh) rating of each battery it contains (check information on batteries). Sometimes this is provided as a wattage and amp-hour rating instead (in Amps or Milli-Amps). Is the equipment battery-powered? No <input type="checkbox"/> Yes <input type="checkbox"/> Battery type: _____ Can the equipment be switched off during take-off/landing? No <input type="checkbox"/> Yes <input type="checkbox"/> Do you have sufficient batteries for the duration of the flight? No <input type="checkbox"/> Yes <input type="checkbox"/>																																										
H	AMBULANCE TRANSFER REQUIRED? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please specify name of ambulance booked at all airports: _____ (Please note Heathrow Ambulance is the only ambulance permitted airside at London Heathrow airport.) Transfer from aircraft? <input type="checkbox"/> or Arrivals? <input type="checkbox"/>																																										
I	HOSPITALISATION: Have you been admitted to hospital within the last four weeks? No <input type="checkbox"/> Yes <input type="checkbox"/> Date of admission: _____ Date of discharge: _____ Is hospitalisation required upon arrival? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please specify name of hospital and contact: _____																																										
PASSENGER'S DECLARATION: I hereby authorise _____ (name of doctor) to provide the required medical information and I agree to pay any associated fees. Date: _____ Passenger's signature (or representative): X																																											

PART 2: To be completed by treating doctor

This form is intended to enable our medical department to provide for the passenger's specific needs:

- When fitness to travel is in doubt as evidenced by recent illness, hospitalisation, injury, surgery or instability
- Where specific services are required, e.g. in-flight oxygen, authorisation to carry accompanying medical equipment, etc.

Please answer **all** questions, **sign** and return this form to:

British Airways Health Services, British Airways Plc,
Passenger Medical Clearance Unit, Waterside (HMAG),
PO Box 365, Harmondsworth, UB7 0GB

Tel. +44 (0) 208 738 5444
Fax: +44 (0) 208 738 9644
pmcu.pmcu@ba.com

MEDA 01	PATIENT'S NAME:			AGE:
MEDA 02	TREATING DOCTOR: Name: _____ Address: _____ Telephone: _____ Email: _____			
MEDA 03	MEDICAL INFORMATION: (Diagnosis in detail; include vital signs, Hb level)			
	Date of symptoms:	Date of diagnosis:	Date of surgery:	
MEDA 04	IS CONDITION:	Resolved <input type="checkbox"/>	Stable and controlled <input type="checkbox"/>	
	FOLLOWING SURGERY:	Uncomplicated recovery <input type="checkbox"/>	Hb level (fractured hip/pelvis) _____	
MEDA 05	PROGNOSIS FOR THE FLIGHT: (e.g. good/fair/poor)			
MEDA 06	CONTAGIOUS AND COMMUNICABLE DISEASE?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA 07	SEATING: Can patient use normal aircraft seat with seat placed in the upright position as required (incl. business/first class cabins)? Can patient bend leg at the knee?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA 08	Can patient take care of their own needs on board unassisted (incl. meals, use of on-board washroom, etc.)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
MEDA 09	IN-FLIGHT OXYGEN: Does patient need supplementary in-flight oxygen? (Generally not required unless dyspnoeic after walking 50m) If yes, specify flow rate: 2L/m <input type="checkbox"/> 4L/m <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> On some of our long haul aircraft oxygen is available at a flow rate of 4L/m <u>only</u> . Is this acceptable? Can patient tolerate pulsed oxygen? Does patient prefer to use their POC on board?			
	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
	GROUND OXYGEN: British Airways is <u>not able to provide</u> ground oxygen at an airport. If patients need oxygen while transiting through the airport, they must make their own arrangements. Is ground oxygen required? If yes, what arrangements has patient made to provide this, e.g. POC: _____			
	No <input type="checkbox"/>	Yes <input type="checkbox"/>		
MEDA 10	Any other information in the interest of your patient's smooth and comfortable transportation?			
Place and date:		Doctor's signature: X		