AIR CANADA

MEDICAL SECTION

Facsimile: 1 888 334-7717 (free) or (514) 393-6852
Telephone: 1 800 667- 4732 (free)

Costs for completing this form are the patient's responsibility.

Please answer (in block letters) all the questions in order to have your patient travel on Air Canada and return to the above Facsimile number as soon as possible.
Each pertinent section of this form must be signed by the attending physician.

PASSENGER INFORMATION

For Air Canada use only
Priority: _____
Type: _____

Passenger's Name: _____
Date of birth: _____

Reservations Locator: _____

Flight Number / Date: _____ **From / To:** _____
Flight Number / Date: _____ **From / To:** _____

TO BE COMPLETED BY THE ATTENDING PHYSICIAN

(This information is for use by the Air Canada physician, who is a specialist in Aviation Medicine.)

PHYSICIAN INFORMATION

Attending Physician: _____ **Tel:** _____
Fax: _____
Province of Registration: _____

Registration number: _____

SECTION 1-TRAVELLING WITH OXYGEN

1) Oxygen** *check appropriate*

a) Does the patient use oxygen at home? ☐ No ☐ Yes – *Please continue with additional information*

Yes ► Flow rate: _____ Hours per day: _____

Personal oxygen concentrator ► Type: _____

► Setting: _____ Hours per day: _____

b) Choose one of the following options:

Option 1 - Air Canada oxygen cylinder 2 LPM 3 LPM 4 LPM 5 LPM 6 LPM 7 LPM 8 LPM

Is humidified gaseous oxygen a medical necessity? ☐ Yes ☐ No

Option 2 - Personal oxygen concentrator - Type: _____ Setting: _____

** 48-72 hours notice for oxygen requests **
Best efforts will be made to accommodate requests within this delay
Oxygen is dispensed through nasal prongs/canula (no full face mask is provided)
Pediatric mask is supplied upon request.

2) Prognosis for a safe trip: _____

If your patient has a medical condition other than his/her need to use oxygen that may affect his/her fitness for air travel or which may affect his/her need for oxygen, please complete Section 2.
Otherwise, please sign and date this form.

Physician Signature _____ **Date** _____
(mandatory)

Passenger's Name: _____ **Reservations Locator:** _____

SECTION 2- DECLARATION OF ILLNESS, ACCIDENT AND/OR TREATMENT

1) a) **Diagnosis**: _____
(Include Date of Onset of present illness, episode or accident and treatment.)
b) **Nature and date of any Surgery**: _____

2) **Present symptoms and severity**: _____

3) Will a 25% to 30% reduction in the ambient partial pressure of oxygen affect the passenger's medical condition and/or will such reduction in pressure result in hypoxemia? □ Yes □ No
(cabin pressure will be the equivalent of a fast trip to a mountain elevation of 2400 m (8000 ft.) above sea level.)

4) **Vital signs**
a) O^2 Saturation _____
b) Anemia □ Yes – Give degree in grams of hemoglobin _____ □ No
c) Heart failure □ Yes □ No
d) Bladder Control □ Yes □ No - Give mode of control _____
e) Bowel Control □ Yes □ No
f) Shortness of Breath □ None □ At Rest □ On Exertion

5) a) **Is the patient medically fit to travel unaccompanied?**
□ Yes - **Go to # 7**
□ No - **Choose one** of the following options:
□ Option 1 - a meet and assist to board and deplane provided by Air Canada is sufficient
□ Option 2 - the patient needs a private escort to take care of his/her needs on board including meals, visiting the toilet, administering medication, etc.
b) If private escort required, who should accompany passenger? □ Doctor □ Nurse □ Other
c) If other, is the escort fully capable to attend to all the above needs? □ Yes □ No

6) **Degree of Ambulation**
a) Able to walk without assistance □ Yes □ No
b) Wheelchair required for boarding □ To Aircraft □ To Seat
c) Does the patient travel with his/her own wheelchair? □ Electrical □ Manual

7) **Medication list?** _____

8) **Other Medical Information:** _____

9) **Cardiac Condition**
A) Angina □ Yes □ No
a) When was last episode? _____
b) Is the condition stable? □ Yes □ No
c) Functional class of the patient? □ No symptom □ Angina with light effort □ Angina at rest □ Angina with important effort
d) Please list prescribed medication _____
e) Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? □ Yes □ No
B) Myocardial Infarction □ Yes □ No
a) Date _____
b) Complications? □ Yes □ No
c) Stress EKG done? □ Yes □ No If yes, what was the result? _____Metz
d) If angioplasty or coronary bypass, can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? □ Yes □ No

Passenger's Name: _____ **Reservations Locator:** _____

SECTION 2 Continued

C) Cardiac Failure ☐ Yes ☐ No
   a) When was last episode? _____
   b) Is the patient controlled with medication? ☐ Yes ☐ No
   c) If yes, please list the prescribed medication. _____
   d) Functional class of the patient? ☐ No symptom ☐ Short of breath with light effort
      ☐ Short of breath at rest ☐ Short of breath with important effort

D) Syncope ☐ Yes ☐ No
   Last episode: _____
   Investigations? ☐ Yes Results? _____
   ☐ No

10) Chronic Pulmonary Condition ☐ Yes ☐ No
   a) Has the patient had recent arterial gases? ☐ Yes ☐ No
   b) Blood gases were taken on : ☐ Room Air ☐ Oxygen _____LPM
   c) If yes, what were the results?
      ☐ pCO^2 _____ ☐ pO^2 _____ ☐ Saturation? _____ Date of Exam? _____
   d) Does the patient retain CO^2 ? ☐ Yes ☐ No
   e) Has his/her condition deteriorated recently? ☐ Yes ☐ No
   f) Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? ☐ Yes ☐ No
   g) Has the patient ever taken a commercial aircraft in these same conditions? ☐ Yes ☐ No
      i) If yes, when? _____
      ii) Did the patient have any problems? _____

11) Psychiatric Condition ☐ Yes ☐ No
   a) Is there a possibility that the patient will become agitated during the flight? ☐ Yes ☐ No
   b) Has he/she taken a commercial aircraft before? ☐ Yes ☐ No
   c) If yes, did he/she travel: ☐ Alone? ☐ Accompanied? Date of Travel _____

12) Seizure ☐ Yes ☐ No
   a) What type of seizures? _____
   b) How frequent are the seizures? _____
   c) When was the last seizure? _____
   d) Are the seizures controlled by medication? ☐ Yes ☐ No
   e) Prescribed medication: _____

13) Prognosis for a safe trip: _____

Physician Signature _____ **Date** _____
(mandatory)

Passenger's Name: _____ **Reservations Locator:** _____

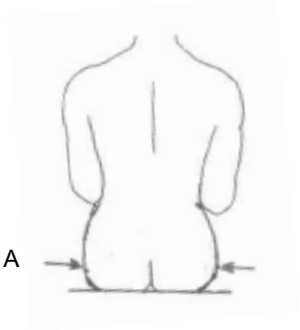
SECTION 3- EXTRA SEATING FOR REASON OF OBESITY FOR TRAVEL WHOLLY WITHIN CANADA ONLY

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.

1)MEASUREMENTS (please use metric measurements)
a)weight_____kg
b)height _____cm
c) Body Mass Index_____ ((kg/m^2)
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
Instructions
Have your patient sit on a paper covered examination table. Rest a ruler or straightedge on the left side of patient at the widest point (hip or waist) as shown on diagram below. Mark the touch point between the ruler and the paper as Point A. Rest a ruler or straightedge on the right side of patient at the widest point (hip or waist). Mark the touch point between the ruler and the paper as Point B. Measure the distance between Point A and Point B. Indicate this measurement above under d) Surface Measurement.



Physician Signature _____ **Date** _____
(mandatory)