



FIT TO FLY

Medical information form

To be completed by attending physician.

Note:

Kindly answer all questions. Enter a cross «x» in the appropriate «yes» or «no» boxes, underline and/or give precise concise answers. Use block letters when completing this form. Fill in this form in English.

Please return the completed form to LLC "Medaero-Servis" (Russia). Thank you for cooperation!

1. Patient

Date of birth: _____ Sex: M F

2. Diagnosis

Date of diagnosis: _____ **Discharge Date:** _____

Nature and date of any recent and/or relevant surgery: _____

3. Clinical: t _____ C°, BP _____ mmHg, HR _____ min, RR _____ min, _____
Oxygen saturation _____ %, Consciousness level _____

4. Transportation type to the airport Ambulance Taxi

5. Contagious and communicable disease? No Yes

6. Patient is fit to fly Yes No

Earliest possible date patient can fly _____

7. Air transportation: Regular flight Air ambulance

first class business class economy class any class

Other flight (please, specify)

8. Position during the flight Stretcher ample-seat

Seated extra-seat

9. Escort Not necessary Family friend

Doctor Nurse

10. Medical equipment Yes No

Oxygen _____ l/min Occasional Continuous

Others: respirator, IV fluid set, aspirator, oxygen concentrator, monitor, vacuum mattress, emergency bag

Oxygen cylinder _____

11. Special medications (please, specify) _____

12. Deep Vein Thrombosis Prophylaxis needed? Yes No

13. Please stat further recommendations _____

14. Transportation type from the airport Ambulance Taxi

15. Transportation on arrival Home Hospital

Signature of physician _____ Date: _____

Contact phone _____