



## **Fitness to Fly Guidelines**



## Fitness to Fly Guidelines

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## Introduction

Air travel has some unique features as compared to any other mode of transportation. These factors must be taken into consideration by passengers with medical conditions to ensure they have a safe and comfortable journey.

For the fit, healthy and mobile individual, there is usually no problem but for the passenger with certain pre-existing conditions or those who have chances of developing an acute medical problem in flight, the cabin environment may further deteriorate the condition. Medical emergencies in an aircraft can be due to worsening of a pre-existing medical condition or an acute event occurring in a previously healthy individual. Although the main problems relate to lack of oxygen and expansion of trapped gases, the stress and physical challenge to passengers of the complex airport environment also can become a factor. (E.g. carrying bags, walking long distances and dealing with unexpected delays).

### **Important factors to be considered by the passenger and the treating medical practitioner before taking a flight are:**

- The amount of oxygen in an aircraft is less as compared to ground levels as the aircraft is pressurised to a level that is equivalent to being up to 8,000 ft. altitude. Passengers with anaemia, or heart and lung conditions may be at risk and supplemental oxygen may be required or travel be delayed until their condition has improved. Severe or complex cases may need to have altitude simulation studies to ensure their safety during the flight.
- Access to advanced medical care in flight may not be possible in an aircraft. Cabin Crew receive training in first aid and basic life support and in the use of emergency medical equipments, including Automated External Defibrillators (AED). However limited space in an aircraft may pose serious problems while instituting even basic medical care on-board. Emergency landings/ diversions are very complex and may not be always possible. Cabin crew will not be able to provide passengers with any assistance for feeding, elimination functions including assistance inside the lavatory or other personal care needs.
- Medical kits are available on-board, but the cabin crew can only open them in the presence of a registered medical practitioner. However advanced medical care on-board is not possible. Passengers with medical conditions that carry a high risk of requiring extraordinary medical assistance in flight may not be accepted for air travel.

**A Medical Information Form (MEDIF) should be submitted if the passenger has any of the following:**

- An injury, illness or medical condition that may cause a significant problem for self or for others in flight (see table below) - E.g. active heart disease/angina, severe mobility problems, psychiatric problems, injury and unable to bend the knee.
- A medical condition that may be made worse by the flight itself - E.g. significant lung disease, middle ear and sinus problems, recent surgery.
- An infectious disease that could be contagious at the time of travel - E.g. chicken pox, TB, measles, mumps, influenza.
- A requirement for special medical equipment - E.g. oxygen, POC, stretcher
- Consider a MEDIF for passengers with an obvious medical condition that may cause difficulties or challenges during boarding (e.g. new limb casts, resolving chicken pox). Consider continence, mobility and comfort of other passengers. Please advice about recent exacerbations or complications of chronic conditions. See the table below for further details on specific conditions.
- There is no need to complete a MEDIF for mobility problems requiring only a wheelchair to the aircraft door, visually impaired, hearing impaired or for uncomplicated singleton pregnancy travelling before the 36th week (see below for further details).

**Note: MEDIF should be submitted 48 hours prior to travel and approval for travel should be given by the SpiceJet Medical team. It is advisable to brief the Reservation staff/ booking agent regarding any medical conditions at the time of booking tickets.**

**Do contact SpiceJet Medical Department for any further details and clarifications on the concerned subject matter.**

**(Contact: [custrelations@spicejet.com](mailto:custrelations@spicejet.com))**



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<b>Cardiovascular Conditions</b>			
<b>Angina</b>	Unstable angina or angina with minimal exertion	Controlled with medicines. No Angina at rest.	Passenger should carry his/her own medicines in hand baggage in case of an angina attack.
<b>Myocardial Infarction (MI)</b>	Episode in last 10 days or high risk (EF less than 40%), heart failure, revascularization.	<ul style="list-style-type: none"> <li>• More than 10 days if uncomplicated MI.</li> <li>• In case of complication 10 days from the day complication resolves.</li> </ul>	Complications can be- Any cardiac failure <ul style="list-style-type: none"> <li>• Any arrhythmia</li> <li>• Any post-MI angina pain</li> <li>• Is the heart size larger?</li> <li>• Any pre-attack angina</li> </ul>
<b>Cardiac failure</b>	Acute heart failure or uncontrolled chronic heart failure.	If cardiac failure is controlled and patient is stable.	Adequate control means someone who can walk 50 meters or go up a flight of stairs on room air at a normal pace without developing breathlessness. Otherwise, in-flight oxygen needs to be provided to avoid serious complications due to hypoxia.
<b>Pulmonary edema</b>	Unresolved.	Resolved pulmonary edema and any precipitating condition should also have been resolved.	May also need to comply with myocardial infarction rules if the same is associated with pulmonary edema.



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<b>Cyanotic congenital heart diseases</b>	All cases.	Accepted only if MEDA clearance obtained and Inflight oxygen is arranged for all cases, after thorough medical assessment report.	
<b>Cardiac surgery</b>	10 days or less for CABG and valve surgery. Recent transpositions, ASD, VSD, transplants etc.	After 10 days, if no complications and medically stable.	ASD- Atrial septum defect. VSD- Ventricular septum defect. CABG- Coronary Artery Bypass Graft.
<b>Angiography</b>	24 hours or less.	More or equal to 24 hours if original condition is stable.	
<b>Angioplasty with or without stent (Widening of arteries)</b>	3 days	After 3 days, if asymptomatic.	
<b>Serious cardiac arrhythmia</b>	Within 7 days.	More than 7 days if hemodynamically stable and no other complication, precipitating cause or condition is identified, treated and is under control.	Does not include benign arrhythmias.
<b>Pacemaker or Defibrillator implantation (Initial implantation / insertion)</b>	Within 2 days	More or equal to 2 days if no pneumothorax and heart rhythm is stable.	After initial insertion of pacemaker and once stable on pacemaker passenger may require facilitation through airport security checks / avoidance of metal detectors depending on manufacturer's specifications.



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<b>Ablation therapy</b>	Within first 2 days	More or equal to 2 days if no complications and asymptomatic.	Passenger flying within one week of the ablation therapy, procedure is considered as high risk of DVT and hence if accepted, should be advised precautions for DVT or if required may be started on medical treatment for prevention of DVT.
<b>Deep Vein Thrombosis (DVT)</b>	If active	Once asymptomatic and no complications.	Should be stable on oral anticoagulants. All precautions to be advised to prevent DVT.
<b>Pulmonary embolism</b>	Within 4 days of onset	5 days or more – If anticoagulation is stable and PAO2 normal on room air.	The new direct factor Xa inhibitor may be acceptable.
<b>Hypertension</b>	Uncontrolled high blood pressure.	Controlled under treatment	
Respiratory Conditions			
<b>Pneumothorax (Air in the cavity of lungs due to a puncture wound or spontaneous)</b>	6 days or less after full inflation, if general condition is adequate, early transportation with “Heimlich type” drain and a doctor or nurse escort, only is acceptable	<ul style="list-style-type: none"> <li>• 7 days after full inflation</li> <li>• 14 days after full inflation for traumatic pneumothorax</li> </ul>	<ul style="list-style-type: none"> <li>• May not travel until 14 days after full lung inflation occurred if managed closed</li> <li>• If chest drain in-situ, may travel with medical escort at any time if other conditions permit and spare drain are carried</li> </ul>



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<b>Chest surgery</b>	10 days or less	More or equal to 11 days with uncomplicated recovery.	e.g. lobectomy, pleurectomy, open lung biopsy etc.
<b>Pneumonia</b>	Acute conditions and with symptoms	Fully resolved OR if chest x-ray signs persists then passenger must be symptom free and in non-infective stage of the disease.	
<b>COPD, emphysema, pulmonary fibrosis, pleural effusion and haemothorax</b>	<ul style="list-style-type: none"> <li>• If unstable or poor exercise tolerance</li> <li>• Within 7 days of recent exacerbation</li> <li>• Cyanosis on the ground despite supplementary oxygen</li> <li>• Unresolved recent exacerbation.</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise tolerance (Walking) more than 50 meters without dyspnoea and general condition is normal.</li> <li>• More than 7 days from recent exacerbation and full recovery from recent exacerbation.</li> <li>• No currently active infection.</li> <li>• Supplementary oxygen may be required based on pulse oximeter saturation readings.</li> </ul>	
<b>Cystic fibrosis</b>	FEV1 < 50% at ground level.	No current infection.	Requirement of supplementary oxygen on board to be assessed.
<b>Asthma</b>	<ul style="list-style-type: none"> <li>• Active asthma attack.</li> <li>• &lt; 48 hours after severe asthma attack or asthma which requires hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>• Asymptomatic and no infection.</li> <li>• More than 48 hours after severe asthma attack or asthma which requires hospitalization, if currently asymptomatic and no infection</li> </ul>	Must be stable and carry appropriate medication on-board in hand baggage.



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<b>Cancer</b>	<ul style="list-style-type: none"> <li>Under active treatment (radiotherapy or chemotherapy).</li> <li>With pleural effusion.</li> <li>Dyspnoea at ground level.</li> <li>Major haemoptysis</li> </ul>	<ul style="list-style-type: none"> <li>Asymptomatic with acceptable general condition and no cyanosis or dyspnoea at ground level.</li> <li>Requirement of supplementary oxygen on- board flight needs to be assessed based on pulse oximeter readings.</li> </ul>	Major haemoptysis is a contraindication.
<b>Bronchiectasis</b>	Hypoxemic at ground level	<ul style="list-style-type: none"> <li>No current infection.</li> <li>Supplementary oxygen requirement on -board to be assessed based on pulse oximeter readings.</li> </ul>	
<b>Neuromuscular Disease</b>	<ul style="list-style-type: none"> <li>Severe extra pulmonary restriction.</li> <li>Need home ventilation.</li> </ul>	<ul style="list-style-type: none"> <li>Supplementary oxygen requirement on-board to be assessed based on pulse oximeter readings</li> <li>Medical/ nonmedical escort requirement to be assessed based on medical assessment.</li> </ul>	
<b>Pulmonary arteriovenous malformations</b>	If severe hypoxemic (SpO2 < 80%) at ground level.	<ul style="list-style-type: none"> <li>If not hypoxemic at ground level.</li> <li>No other complications</li> </ul>	Supplementary oxygen on-board will be required and should be arranged beforehand through MEDA approval process.



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<b>Ventilators</b>	Seriously ill cases	Accepted if long term stable cases requiring only ventilation with air	Acceptance is also subject to equipment clearance by Engineering, DGR and Security Departments.
<b>Gastrointestinal conditions</b>			
<b>Gastrointestinal bleeding</b>	24 hours or less following a bleed.	≥ 10 days only if, <ul style="list-style-type: none"> <li>Bleeding should have stopped. Hemoglobin limits must be met.</li> <li>Risks of re-bleeding must be assessed and should be acceptable.</li> </ul>	Within 1-9 days passenger can travel if endoscopic or other clear evidence (i.e. Hemoglobin continued to rise to indicate bleeding has ceased) of healing.
<b>Major abdominal surgery</b>	10 days or less.	More than 10 days if uncomplicated recovery.	e.g. bowel resection, 'open' hysterectomy, renal surgery etc.
<b>Appendectomy</b>	4 days or less.	5 days or more if uncomplicated recovery.	
<b>Laparoscopic surgery(Keyhole surgery)</b>	4 days or less.	5 days or more if uncomplicated recovery.	e.g. cholecystectomy (gall bladder removal), tubal surgery etc.
<b>Investigative laparoscopy</b>	24 hours or less	24 hours or more if gas is absorbed completely.	

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<b>Colostomy</b>	<ul style="list-style-type: none"> <li>Less than 5 days if simple colostomy is performed and not associated with any major abdominal surgery.</li> <li>Less than 10 days if also had major abdominal surgery (i.e. bowel resection with colostomy etc.)</li> </ul>	<ul style="list-style-type: none"> <li>≥ 5 days if simple uncomplicated colostomy.</li> <li>≥ 10 days if also had major abdominal surgery (i.e. bowel resection with colostomy etc.) and currently no complications.</li> <li>Colostomy must be working, patient tolerating oral intake, no abdominal distension, no nausea or vomiting.</li> </ul>	<ul style="list-style-type: none"> <li>Passenger should be able to take care of the colostomy opening and colostomy bag.</li> <li>If passenger cannot take care of the same then passenger will need to travel with an escort who can take care of the same.</li> <li>It is essential to empty colostomy bag before boarding of the flight as colostomy output may slightly increase during flight.</li> </ul>
<b>Vomiting, Diarrhoea</b>	<ul style="list-style-type: none"> <li>If actively vomiting with symptoms of dehydration.</li> <li>Profuse or bloody diarrhoea with symptoms of dehydration.</li> </ul>	No dehydration and symptomatically better.	
<b>Renal conditions</b>			
<b>CAPD (Continuous Ambulatory Peritoneal Dialysis)</b>	If clinically unstable and haemoglobin level < 9 g/dl, unless anaemia is due to some chronic long term illness.	<ul style="list-style-type: none"> <li>If clinically stable and haemoglobin level &gt; 9 g/dl.</li> <li>Assessment needed for supplementary oxygen during flight.</li> </ul>	Should travel with additional CAPD bags to cover unforeseen delays and seek advice for airport security checks.
<b>Renal calculus</b>	<ul style="list-style-type: none"> <li>Acute attack of renal colic</li> <li>Blood in urine.</li> </ul>	<ul style="list-style-type: none"> <li>If stone has passed/been treated</li> <li>Currently asymptomatic.</li> </ul>	



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<b>Blood disorders</b>			
<b>Anaemia</b>	Hb < 9 g/dl unless anaemia is due to some chronic long term illness.	Hb > 9 g/dl	If acutely anaemic, Hb level should be assessed within 24 hours before date of travel and blood loss should have ceased/stopped.
<b>Sickle cell disease</b>	Sickling crisis in previous 10 days	≥ 10 days of sickling crisis (and no recurrence of sickling crisis after that)	Always need supplement of oxygen to prevent sickling crisis on flight
<b>Bleeding disorders</b>	If active bleeding is present	When bleeding is controlled	<ul style="list-style-type: none"> <li>• Also follow rules for anaemia (acute anaemia)</li> <li>• Take care on-board to prevent injuries which may restart bleeding.</li> </ul>
<b>Blood clotting disorders, Thrombophilia</b>	Active stage.	<ul style="list-style-type: none"> <li>• Stabilized on therapeutic anticoagulation for at least 24 hours or more since last episode.</li> <li>• No side effects (like bleeding) of anticoagulation treatment</li> </ul>	
<b>Infectious diseases</b>			
<b>Infectious diseases</b>	During contagious/infectious stage of illness.	Must be in non-infectious stages.	For infectivity periods of some common infections
<b>Measles</b>	Till 5 days after the onset of rashes	After 5 days of onset of rashes	



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<b>Mumps</b>	Till 7 days after the onset of rashes	After 7 days of onset of rashes	
<b>Rubella</b>	Till 4 days after the onset of rashes	After 4 days of onset of rashes	
<b>Chicken pox</b>	If active lesions present and in infectious stage of disease i.e. up to 6 days of last crop of rashes	Active lesions are absent, all lesions are dried and crusted and passenger is not in infectious stage.	
<b>Diphtheria</b>	Up to 3 weeks	Can be accepted after 3 weeks.	
<b>Tuberculosis and Atypical mycobacterial infections</b>	<ul style="list-style-type: none"> <li>All cases with confirmed diagnosis.</li> <li>Not on treatment.</li> <li>Infective stage of the disease.</li> </ul>	Can travel if on regular medical treatment and medical investigations and documentation states that passenger is not infectious (non-infective stage of disease).	
Ear, Nose and Throat conditions			
<b>Otitis media and Sinusitis</b>	Acute illness or with loss of Eustachian tube function.	If able to clear ears using Valsalva manoeuvre.	
<b>Middle ear surgery (Except Stapedotomy/ectomy)</b>	10 days or less	≥ 10 days with medical certificate from ENT specialist	Absence of any complications
<b>Stapedectomy and Stapedotomy (surgical treatment for otosclerosis)</b>	3-6 weeks post-surgery. Till lack of symptoms, complications and when symptoms of after-effects of surgery cease to exist.	Fit once after effects of surgery cease to exist and is asymptomatic with no complications	Require treating ENT specialist's medical certificate confirming lack of symptoms and complications



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<b>Cochlear implants</b>	<ul style="list-style-type: none"> <li>Up to 2 weeks initially only post-surgery/implantation.</li> <li>MEDA clearance is required only after initial implantation</li> </ul>	More than 2 weeks post-surgery with certificate from treating ENT specialist and in absence of any complications and symptoms	Carry cochlear implant identification card and letter from your audiologist/surgeon justifying carriage of extra batteries for easy facilitation through airport security. Check with manufacturer for specifications which may require facilitation through airport security. Depending on equipment specification (kindly check with your manufacturer) passenger needs to be sure about how to use it during air travel.
<b>Tonsillectomy</b>	9 days or less.	≥ 10 days with medical certificate from ENT specialist and able to clear ears with Valsalva manoeuvre.	Absence of any complications.
<b>Wired jaw</b>	If travelling alone /Without escort.	Escorted and should carry wire cutters with him in hand baggage/on person OR Otherwise if using 'Quick Release Wiring'.	<ul style="list-style-type: none"> <li>Coordinate with airline and airport security department for carriage of cutters on-board.</li> <li>Do note carriage of cutters on-board will be finally subject to clearance by airport security.</li> </ul>
<b>Epistaxis (Nose bleed)</b>	If active bleeding or has nasal packing in place.	> 24 hours if bleeding has been controlled.	
<b>Nasal surgery (e.g. rhinoplasty, septoplasty etc.)</b>	Till 10 days after surgery.	≥ 10 days if uncomplicated.	ENT specialist certificate along with MEDA approval may be required for earlier travel.



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<b>Dental conditions</b>			
<b>Dental surgical procedures. (E.g. root canal, dental extractions etc.).</b>	Till 24 hours post Procedure.	≥ 24 hours if no complications and symptoms controlled	Analgesics to be carried in hand baggage.
<b>Ophthalmological conditions</b>			
<b>Corneal LASER and Cataract Surgery</b>	24 hours or less.	≥ 24 hours if no Complications	
<b>Penetrating eye injury</b>	6 days or less.	≥ 7 days	Any gas in the globe/eyeball must be reabsorbed completely.
<b>Retinal Detachment surgery and Other intra-ocular surgeries</b>	<ul style="list-style-type: none"> <li>• 6 days or less if no gas is used during the surgery.</li> <li>• For injection of SF6 a minimum of 2 weeks is required.</li> <li>• For injection of C3F8 a minimum of 6 weeks is required.</li> </ul>	<ul style="list-style-type: none"> <li>• 7 days or more and if no gas is used during the surgery and no other complications are present.</li> <li>• For injections of SF6, fitness can be considered more than 2 weeks, if no other complications.</li> <li>• For injection of C3F8, fitness can be considered more than 6 weeks, if no other complications.</li> </ul>	<ul style="list-style-type: none"> <li>• Any gas injected in the globe/eyeball must be completely reabsorbed.</li> <li>• Written fitness to fly certificate from eye specialist is required.</li> </ul>
<b>Orthopaedic conditions and Trauma</b>			
<b>Burns</b>	If still under shock or with widespread infection or burns greater than 20% total BSA.	If medically stable and presentable.	

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<b>Fractures</b>	< 48 hours after injury and if plaster cast is applied and if cast not bi-valved.	> 48 hours after injury and if plaster cast is applied and if cast not bi-valved.	<p>Fitness from Orthopaedic surgeon is essential for lower limb fractures.</p> <p>Comply also with rules of fitness for anaemia for fracture femur/pelvis i.e. haemoglobin 9 g/dl.</p>
<b>Arthroscopic (keyhole) surgery</b>	<2 days after surgery	After 2 days in the absence of complications	
<b>Joint replacement surgery (e.g. hip, knee)</b>	<p>First 7 days after surgery</p> <p>First 14 days in case of complicated surgery</p>	<ul style="list-style-type: none"> <li>• After 7 days if uncomplicated, pain well controlled and mobility adequate.</li> <li>• THR – can be accepted to travel in stretcher</li> </ul>	Anticoagulation to be administered as per treating surgeon's directive.





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<b>Pregnancy</b>			
<b>Single uncomplicated pregnancy</b>	36 weeks and above	28-36 weeks (Till 35 weeks and 6 days) – ‘Fitness to fly’ certificate from treating gynaecologist is required for acceptance on flight and there should be absence of any complications. (Valid up to 2 weeks).	MEDA clearance not required unless complicated, but medical certificate needed after 28 weeks.  Refer Fitness certificate format available in the website.
<b>Multiple uncomplicated pregnancy</b>	36 weeks and above	28-36 weeks (Till 35 weeks and 6 days) – recent (up to 2 days prior) ‘Fitness to fly’ certificate from obstetrician is required for acceptance on flight and there should be absence of any complications.	MEDA clearance not required before 36 weeks unless complicated, but medical certificate needed after 28 weeks
<b>Single/Multiple complicated pregnancy</b>	36 weeks and above	28-36 weeks (Till 35 weeks and 6 days) – MEDA case approval to be obtained from treating gynaecologist (up to 2 days prior).	Assessment will be done on basis of merits of individual case by SpiceJet medical department.
<b>Miscarriage (Threatened/ Complete)</b>	With active bleeding.	Once stable, no bleeding and no pain for at least 24 hours.	Certificate from treating gynaecologist required.



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<b>Post childbirth – Normal vaginal delivery</b>	If complications are present. Preferably not within 7 days of delivery.	After 7 days of delivery, if no complications are present. Can also undertake flight from 2nd day till 7th day after vaginal delivery if no complications and 'Fit to Fly' certificate for mother and baby is present. For travel in first 48 hours after childbirth- refer section on newborn.	These guidelines apply only to mother. If travelling with baby (neonate) then additional guidelines for neonate (new born) will also need to be followed.
<b>Post childbirth – Caesarean section (LSCS), any other surgical delivery procedure</b>	Post-surgery till 9 days, at least. This duration may be longer if hospital stay of mother is extended due to surgical/postsurgical complications.	≥ 10 days with uncomplicated recovery and only if gynaecologist has issued fitness certificate.	These guidelines apply only to mother. If travelling with baby (neonate) then additional guidelines for neonate (new born) will also need to be followed.
<b>Neonates</b>			
<b>New born</b>	<ul style="list-style-type: none"> <li>• Less than 48 hours.</li> <li>• Incubator and or ventilator cases</li> <li>• Pre term babies</li> </ul>	<ul style="list-style-type: none"> <li>• After 7 days of birth.</li> <li>• Fit and healthy babies can travel after 48 hours with paediatrician's fitness certificate, but preferably to travel 7 days after birth.</li> <li>• Travel in first 48 hours after birth will require MEDA approval by company doctor, paediatrician's fitness certificate and minimum MBBS qualified doctor as an escort with other arrangements</li> </ul>	Fit and healthy babies can travel after 48 hours, but it is preferable to travel after 7 days of birth.



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<b>Psychiatric conditions</b>			
<b>Acute psychosis</b>	If unstable.	<ul style="list-style-type: none"><li>• Within 14 days of unstable episode or hospitalisation.</li><li>• If suffered from any psychiatric condition which required hospitalization or sedative medical treatment in last 14 days before the flight, passenger can be accepted after MEDA approval.</li></ul>	<ul style="list-style-type: none"><li>• Must be stable and appropriately escorted</li><li>• Escort may range from correctional officers, friends/relatives, to medically trained personnel with appropriate medications. Full psychiatric report may be required</li><li>• Treating doctor's fitness to fly certificate required which should have been issued not more than 48 hours before the flight.</li></ul>



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<b>Chronic psychiatric disorders (e.g. dementia, mood and anxiety disorders, neurosis, schizophrenia, etc.)</b>	If significant risk of deterioration Inflight.	<ul style="list-style-type: none"> <li>If properly controlled by medication and stable (i.e. living out in community, taking care of all own needs including medication). Travel may be approved with suitable medical escort, based on the result of medical assessment. Must have the ability to understand and follow safety instructions and be able to assist in their own evacuation in cases of emergency.</li> <li>If suffered from any psychiatric condition which required hospitalization or sedative medical treatment in last 14 days before the flight passenger can be accepted after MEDA approval.</li> </ul>	<ul style="list-style-type: none"> <li>Full psychiatric report may be required.</li> <li>If required - Treating doctor's 'fitness to fly' certificate may be required which should have been issued not more than 48 hours before the flight.</li> </ul>
<b>Miscellaneous</b>			
<b>Terminal illnesses (If the prognosis for the flight is poor)</b>	Decision will be made based on individual case assessment.	Decision will be made based on individual case assessment.	



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<b>Scuba diving (Only) (No decompression sickness symptoms after diving)</b>	<ul style="list-style-type: none"> <li>24 hours and less of diving – which does not require decompression stops at end of diving.</li> <li>48 hours or less of diving – which does require decompression stops at end of diving.</li> </ul>	<ul style="list-style-type: none"> <li>More than 24 hours of diving – For dive which does not require decompression stops at end of diving.</li> <li>More than 48 hours of diving – For dive which does require decompression stops at end of diving.</li> </ul>	
<b>Decompression sickness</b>	<ul style="list-style-type: none"> <li>Less than 3 days for bends only.</li> <li>Less than 7 days for neurological symptoms</li> </ul>	<ul style="list-style-type: none"> <li>3 days after treatment for bends only, if asymptomatic and general condition stable.</li> <li>7 days after treatment for neurological symptoms if asymptomatic and general condition stable</li> </ul>	Opinion and certificate from treating physician of hyperbaric medicine unit may be required.
<b>Severe allergies or anaphylaxis (Does not apply to mild allergic conditions)</b>	During acute phase of allergies and when medically unstable	Once acute phase is over and is medically stable	<ul style="list-style-type: none"> <li>Passenger should carry appropriate medicines &amp; be able to self-administer them or travel with an escort.</li> <li>SpiceJet does not cater for specific meal requests based on specific food or other allergy advice.</li> <li>SpiceJet cannot guarantee specific allergen free environment in aircraft cabin.</li> </ul>



## Fitness to Fly Guidelines

- **Carriage of CPAP, BiPAP:** Carriage of these devices on board is subject to security clearance. Additional restrictions apply if the machine is powered by lithium batteries. Please write to [custrelations@spicejet.com](mailto:custrelations@spicejet.com) for clarifications on the same.  
As Inflight power supply cannot be provided, the CPAP/BiPAP device must use a battery that can power it for at least 150% of the flight time. For instance, if the flight duration is 2 hours long, the battery supply should last for at least 3 hours.  
To check the flight duration and to make the necessary arrangements, please get in touch with our customer relations executive at least 48 hours before the departure of the flight.  
Passenger must report to the check in counter, at least two hours before the departure time.  
Front row seats and emergency exit row seats will not be assigned for those carrying these devices due to safety reasons.
- **Carriage of POC:** Portable oxygen concentrator (POC) device can be carried and used on board our flights as long as it is a model that is approved by FAA. Passenger must report to the check-in counter two hours before the departure time so that necessary verification of POC & MEDIF can be carried out.

Following are the approved categories:

As carryon baggage and check-in baggage:

- AirSep FreeStyle
- AirSep LifeStyle
- AirSep Focus
- AirSep FreeStyle 5
- Delphi RS-00400
- Inogen One
- Inogen One G2
- Inogen One G3

- Inova Labs LifeChoice
- Inova Labs LifeChoice Activox
- International Biophysics LifeChoice
- Invacare XPO
- Oxus RS-00400
- Precision Medical EasyPulse
- Respiroics EverGo
- Respiroics Simply Go

As checked baggage only:

- DeVilbiss Healthcare iGo
- Invacare Solo2
- Oxlife Independence Oxygen Concentrator
- SeQual Eclipse
- SeQual SAROS

Since the above mentioned POCs are big in size we will be unable to secure them underneath the seat.

When in use, all POCs must be stowed in the space beneath the seat in front of you. This is with the exception of Lifestyle/Freestyle (manufactured by the AirSep Corporation), which may also be placed on your seat or held by you due to its lightweight and small size. For use during flight, your device must fit under the seat in front of you. Additional restrictions apply if your machine is powered by lithium batteries. Please write to [custrelations@spicejet.com](mailto:custrelations@spicejet.com) for clarifications on the same.

As Inflight power supply cannot be provided, the POC device must use a gel or dry battery that can power it for at least 150% of the flight time. For instance, if the flight duration is 4 hours long, the battery supply should last for at least 6 hours.

To check the flight duration and to make the necessary arrangements, please get in touch with our customer relations executive at least 48 hours before your flight. A duly filled MEDIF from your physician to indicate your fitness to travel should also be submitted.

Pax must report to the check in counter, at least 2 hours before departure of the flight.

Front row seats and emergency exit row seats will not be assigned for those carrying POC due to safety reasons.

- **Insulin Syringes/ hypodermic needles:**

Carriage of these syringes/needles are subject to security clearance. A prescription or note from a registered physician is required to carry syringes and/or hypodermic needles on board. Please do not dispose of used syringes or needles in the seat pockets or without the protective caps. Our cabin crew will be happy to assist you with the safe disposal of used syringes and/or needles.

- **Portable hearing aids, Nebulisers:**

You will be required to operate your own medical equipment, without the assistance of our cabin crew. We will not be able to provide inflight power supply on your flights with us. We recommend that you use a gel or dry battery that can power the equipment for at least 150% of the flight time. For instance, if your flight is 4 hours long, please have a battery supply of 6 hours.

- **Tablet, Capsules, liquid medications and Inhalers:**

Passengers are allowed to bring any medication medically necessary on board their flight with them, whether it is prescription or over-the-counter medication. All medications should be declared to a SpiceJet officer for screening, even if they are solid pills or inhalers. Medications should be preferably labelled, though in practice all pills and capsules are to be kept in their original bottle with prescription if possible. It is preferable to declare any liquid prescription over 100 ml at the security checkpoint before your bag is screened.

While no restrictions apply to prescription medications in checked baggage, packing medications in carry-on bag is advisable. Keeping medications accessible in a separate bag within the carry-on bag is advisable so that it is easier to remove them during the security screening. It is advisable to carry your own Asthma inhaler in your carry on hand baggage with you. We will be able to provide you with Asthalin Inhaler in case of need, but only if we have a registered medical practitioner travelling on board the aircraft.