



## APPLICATION FOR CARRIAGE OF MEDICAL PASSENGERS

(Form to be forwarded to medical department for approval 48 hours prior to departure)

PASSENGER'S DETAIL		
<i>Stretcher Case</i> <small>(Doctor to accompany patient during flight mandatory)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Sitting Case</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Requiring Oxygen</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Passenger's Name</i>	Surname:	First Name :
<i>Permanent Address</i>		
<i>Flight detail</i>	Departure City:	Arrival City:
	Flight No:	Date:
	From:	To:

MEDICAL DETAILS- TO BE COMPLETED BY PASSENGER'S TREATING DOCTOR			
1	<i>Doctor's Detail</i>	Doctor's Name:	
		Address:	
		Contact No:	
		Qualification:	
		Registration No:	
2	<i>Patient's Detail</i>	Patient's Name:	
		Gender:	<input type="checkbox"/> Male <span style="margin-left: 100px;"><input type="checkbox"/> Female</span>
		Age:	
3	<i>Disease Detail</i>	Disease Diagnosis:	
		Date of Illness:	
		Is the disease contagious or infectious in any form?	<input type="checkbox"/> yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
		Present Symptoms	
		Prognosis during flight	
		Vital Parameters ( Pulse, BP, Temperature, Respiratory Rate, Level of Consciousness)	<input type="checkbox"/> Normal <span style="margin-left: 100px;"><input type="checkbox"/> Abnormal</span> If Abnormal, please specify;
		Details of ongoing medical treatment/any special comments regarding treatment on flight:	
		Requirement for Oxygen (O2 flow rate in liters/min) *	<input type="checkbox"/> yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
			If Yes, Please Specify: <input type="checkbox"/> Continuously throughout journey (at airport & during flight) <input type="checkbox"/> Continuously throughout flight only
		Does patient have full control of bowels/bladder	<input type="checkbox"/> yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
		Does patient require wheelchair	<input type="checkbox"/> yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
		Does patient require Doctor/ qualified Nurse	<input type="checkbox"/> yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>



		Is arrangement for ambulance/hospitalization made at destination?	<input type="checkbox"/> yes	<input type="checkbox"/> No
			If yes, Specify the details;	
			Have above details been specified to passenger?	
			<input type="checkbox"/> yes	<input type="checkbox"/> No

### INDEMNITY BOND BY PASSENGER

I the undersigned \_\_\_\_\_ hereby indemnify the hold harmless SpiceJet from and against any liability arising out of any bodily injury and / or death, damage or loss that may suffer/experience and also from any damages, payments, expenses, face and cost which SpiceJet may incur directly as a result of accepting me on its Flight No. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

I hereby further indemnify SpiceJet for any payments that SpiceJet makes to meet any of my expenses towards damages, loss etc for said purpose.

Signature: \_\_\_\_\_ (Passenger)

Address: \_\_\_\_\_

(Temporary) \_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_

### PASSENGER DECLARED FIT TO FLY

Signature:

Rubber Stamp:

Date:

**\*\*Please note that aircraft oxygen cylinder can deliver oxygen only at fixed rates of 2 or 4 liter/minutes When assessing a patients fitness for air travel, the effects of reduced atmospheric pressure and consequent reduction in oxygen tension must be considered. Even in pressurized aircraft the cabin pressure will be equivalent to an altitude of 5000-7000 feet. Although each case will be considered on its merit, the following conditions are generally considered unacceptable for air travel.**

1. No passenger with intravenous cannula will be issued a boarding pass. If the passenger has fitness to travel by air from treating doctor then the i/v cannula has to be removed before being issued boarding pass.
2. Critical heart and respiratory conditions (e.g. decompensated cardiac patients/patients with severe vacuolar disease/unstable angina/severe asthma) are not usually permitted to fly. Patients with recent coronary occlusion with myocardial infarction are not permitted to fly within 6 weeks of onset.
3. Introduction of air into body cavities for diagnostic/therapeutic purposes within 7days.
4. Mental illness without escort/sedation.
5. Severe cases of otitis media/sinusitis.
6. Acute contagious/communicable diseases, (e.g. chicken pox, viral conjunctivitis).

7. *Fracture of the mandible with fixed wiring of the jaws.*
8. *Uncontrolled severe hypertension / diabetes mellitus with or without complications.*
9. *Peptic ulceration with haemorrhage within 3 weeks of travel, except when permitted by the treating consultant.*
10. *Post -Operative cases within i.e. ( i )10 days of abdominal operations (ii) 21 days of chest surgery.*
11. *Pregnancy beyond 36 weeks, postpartum females & newborns in the first week.*
12. *Patients with deep vein thrombosis (DVT) should not fly till patient is stabilized on anticoagulant therapy and there are no pulmonary complications. Passengers with risk factors for developing DVT should carry fitness certificate from their treating doctor.*
13. *Patients with severe anemia (Hb<8.5gm/dl) are not permitted to fly. However in exceptional cases, they may be permitted to fly with specialist's certificate.*
14. *Patients in acute phase of cerebral infraction (stroke) of any etiology are generally not permitted to fly within 3 weeks of onset.*