

Passenger's Name:  
Departure Date:

Booking Ref.:

**Medical Section**

**Hours of Operation**  
**MON-FRI 06:00-20:00 EST**  
**SAT-SUN 06:00-18 :00 EST**

**Email : [acmedical@aircanada.ca](mailto:acmedical@aircanada.ca)**

**Fax : 1 888 334-7717 (toll-free) or 514 828-0027**

**Telephone : 1 800 667-4732 (toll-free) or (514) 369-7039**

**To:**

**Telephone:**

**Fax:**

**INSTRUCTIONS FOR THE ATTENDING PHYSICIAN**

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

If your patient **requires supplemental oxygen**, with no other co-morbidities, please fill **Section 1**.

If your patient has a **medical condition** which may be affected by air travel, please fill **Section 2**.

If your patient requires an **extra seat** for reasons of obesity, please fill **Sections 2 and 3** (itineraries within Canada only).

If your patient is **traveling to or from the United States**, only **Section 4** is required (and **Section 1** if oxygen is required). However, if your patient consents, we strongly encourage you to also fill out Section 2 to help us ensure safety in a hypoxic environment.

**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. All relevant sections must be signed and dated.**

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

Passenger's Name:

Booking Ref.:

**PASSENGER INFORMATION**

Passenger Name: Booking Reference: Date of Birth:  Flight Number:                      Date:                                      From/to: Flight Number:                      Date:                                      From/to:	For Air Canada use only Priority: <i>URGENT</i> Type: <i>Normal</i>
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**PHYSICIAN INFORMATION**

Attending Physician: \_\_\_\_\_ Tel.: \_\_\_\_\_  
 Country or Province of Registration: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Physician License Number: \_\_\_\_\_

**SECTION 1 – TRAVELLING WITH OXYGEN**

- 1) **Oxygen \***
- a) Does the patient already use oxygen **on the ground** ?     No     Yes : please provide the following information:
    - O<sub>2</sub> tank by Nasal Prongs / Mask      Flow Rate: \_\_\_\_\_ Lpm      Hours per day: \_\_\_\_\_
    - Personal oxygen concentrator (POC) ▶ Type: \_\_\_\_\_ Setting:  Pulse     Continuous
    - ▶ if  Pulse, settings: 1 2 3 4 5 6      ▶ if  Continuous \_\_\_\_\_ Lpm      Hours per day: \_\_\_\_\_
  - b) Oxygen saturation: \_\_\_\_\_%     Room air     O<sub>2</sub> \_\_\_\_\_ Lpm continuous
    - O<sub>2</sub> POC pulse settings: 1 2 3 4 5 6
  - c) Choose one of the following options **for flight**:
    - Option 1 - Oxygen Request \*** (*provided by Air Canada – nasal prongs only, no mask*):
      - Oxygen cylinder – required flow: 2 LPM 3 LPM 4 LPM 5 LPM 6 LPM 7 LPM 8 LPM
      - Is humidified gaseous oxygen a medical necessity:  Yes     No
      - Is a pediatric mask required?     Yes     No
    - Option 2 - Personal oxygen concentrator\*\*** (*passenger provided*) – Type: \_\_\_\_\_
      - ▶ if  Pulse, settings: 1 2 3 4 5 6      ▶ if  Continuous \_\_\_\_\_ Lpm
- Prognosis for a safe trip:     Good                       Guarded                       Poor

**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, sign and date this form.**

**ADVANCE NOTICE REQUIRED**

\* North America: 48 hours  
 \* International: 72 hours  
 \* POC or CPAP: 48 hours

Best efforts will be made to accommodate requests made within this delay.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date



Passenger's Name:

Booking Ref.:

**SECTION 2 – DECLARATION OF ILLNESS, ACCIDENT AND/OR TREATMENT (Continued)**

- 10) **Chronic Pulmonary Condition:**       No     Yes – Diagnosis: \_\_\_\_\_
- a) Short of breath:     No             On exertion             At rest
- b) Has the patient had recent arterial gases?     No     Yes    If yes, what were the results?  
 pCO<sub>2</sub> \_\_\_\_\_  pO<sub>2</sub> \_\_\_\_\_  Saturation \_\_\_\_\_%    Date of exam: \_\_\_\_\_  
 Blood gases were taken on:     Room air     Oxygen \_\_\_\_\_ LPM
- c) Has the patient recently taken a commercial aircraft in these same conditions?     Yes     No  
 If yes, any medical problems or complications? \_\_\_\_\_

- 11) **Psychiatric/Behavioural/Cognitive Condition:**     No     Yes    Diagnosis: \_\_\_\_\_
- 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  
 If yes, did he/she travel:     Alone             Accompanied            Date of travel: \_\_\_\_\_

- 12) **Seizure:**             No             Yes    a) Cause/Type: \_\_\_\_\_  
 b) When was the last seizure? \_\_\_\_\_  
 c) Are the seizures controlled by medication?     Yes     No

- 13) **Allergy to cats:** Do you suffer from:     itchy eyes             runny nose             itchy skin/rash  
 wheezing             cough             shortness of breath  
 Do you carry your own asthma inhaler/pump?             Yes             No

- 14) **Allergy to dogs:** Do you suffer from:     itchy eyes             runny nose             itchy skin/rash  
 wheezing             cough             shortness of breath  
 Do you carry your own asthma inhaler/pump?             Yes             No

15) **Other medical information:**  
 \_\_\_\_\_

- 16) **Prognosis for a safe trip:**     Good             Guarded             Poor

\_\_\_\_\_  
 Physician Signature

\_\_\_\_\_  
 Date

**Passenger's Name:**

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**SECTION 3 – EXTRA SEATING FOR REASON OF OBESITY**

*FOR ITINERARIES WHOLLY WITHIN CANADA ONLY*

**THIS SECTION REQUIRED ONLY IF REQUESTING AN EXTRA SEAT FOR REASONS OF OBESITY**

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.

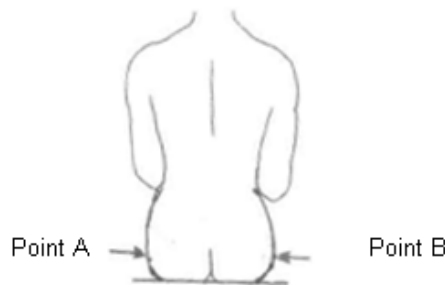
If this is a renewal, this section can be completed by an occupational therapist, a physiotherapist or nurse practitioner provided no other co-morbidities had been identified by the physician in the initial assessment and passenger's fitness for flying has not changed in the last 2 years.

**1) Measurements** (please use metric measurements)

- a) Weight \_\_\_\_\_ kg
- b) Height \_\_\_\_\_ cm
- c) Body Mass Index \_\_\_\_\_ (kg/m<sup>2</sup>)
- 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 instruction:*

1. *Have your patient sit on a paper covered examination table.*
2. *Rest a ruler or straightedge on the left side of patient at the widest point (hip or waist) as shown on diagram below.*
3. *Mark the touch point between the ruler and the paper as Point A.*
4. *Rest a ruler or straightedge on the right side of patient at the widest point (hip or waist).*
5. *Mark the touch point between the ruler and the paper as Point B.*
6. *Measure the distance between Point A and Point B, and indicate this measurement above under "d) Surface measurement".*



\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Call the Air Canada Medical Assistance Desk at 1-800-667-4732 and provide your booking reference in order to request extra seating for medical reasons and make any other necessary arrangements for your flight.**

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**SECTION 4 – TRAVELLING BETWEEN CANADA AND THE USA**

For passengers traveling on a flight between Canada and the USA, we can only require the completion of this Section 4 of this FITNESS FOR AIR TRAVEL Form.

However, we strongly recommend that Section 2 be completed by the attending physician to ensure that passengers' condition will not be aggravated in a hypoxic cabin environment.

**1) Reasonable Doubt**

Will the passenger be able to complete the flight safely without requiring extraordinary medical attention?

- Yes
- No – for instance, the passenger:
  - a) Has an unstable medical condition;
  - b) Has a medical condition that may worsen in a hypoxic environment;
  - c) May require medical assistance during flight;
  - d) May require the use of onboard emergency medical equipment; or
  - e) Is unable to self-administer medications or routine medical care necessary to maintain the stability of his/her condition during a flight (e.g. insulin injection).

**2) Communicable Diseases**

- a) Does the passenger have a disease or infection that, would under the present conditions, be communicable to other persons and that could pose a direct threat to the health or safety of others during the normal course of the flight?
  - No                       Yes
- b) Are there any conditions or precautions that would have to be observed to prevent the transmission of the disease or infection to other persons in the normal course of the flight?
  - No                       Yes

If so, state which: \_\_\_\_\_

**3) Oxygen**

- Does the passenger use oxygen on the ground, or will the passenger require supplemental oxygen in flight?
- No                       Yes – Please complete **Section 1**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date\*

**\*Must be dated within 10 days of the date of the initial departing flight**