FITNESS FOR AIR TRAVEL

MEDICAL DEPARTMENT

Monday to Friday 6 a.m. – 8 p.m. ET
Saturday to Sunday 6 a.m. – 6 p.m. ET
Email acmedical@aircanada.ca

Fax: 1-888-334-7717 (Toll-free from North America) 1-514-828-0027 (Long distance charges apply)
Tel: 1-800-667-4732 (Toll-free from North America) 1-514-369-7039 (Long distance charges apply)

PASSENGER INFORMATION

FIRST NAME
FAMILY NAME
AGE

Priority: Urgent
Type: Normal

BOOKING REFERENCE

TELEPHONE

EMAIL

FLIGHT NUMBER
DATE
FROM
TO

DD / MM / YYYY

FLIGHT NUMBER
DATE
FROM
TO

DD / MM / YYYY

FLIGHT NUMBER
DATE
FROM
TO

DD / MM / YYYY

PATIENT’S MEDICAL INFORMATION

SECTION 1 – TRAVELLING WITH OXYGEN

SECTION 2 – DECLARATION OF ILLNESS, ACCIDENT OR TREATMENT

SECTION 3 – EXTRA SEATING BY REASON OF OBESITY

SECTION 4 – TRAVELLING BETWEEN CANADA AND THE U.S.A.
# PHYSICIAN INFORMATION

<table>
<thead>
<tr>
<th>ATTENDING PHYSICIAN NAME</th>
<th>LICENCE NUMBER</th>
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<tbody>
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<thead>
<tr>
<th>COUNTRY OR PROVINCE OF REGISTRATION</th>
<th>TELEPHONE</th>
<th>FAX</th>
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| EMAIL | |
|-------||
|       |

# PATIENT'S MEDICAL INFORMATION

(MANDATORY FOR ALL FLIGHTS NOT SUBJECT TO SECTION 4/USA FLIGHTS)

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>DATE OF ONSET</th>
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<tr>
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<td>DD / MM / YYYY</td>
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Is the condition resolved/stable?

Current symptoms and severity:

Nature and date of any treatment/surgery:

## ADDITIONAL MEDICAL INFORMATION — ALL QUESTIONS MUST BE ANSWERED

### Anemia:
- [ ] No
- [ ] Yes — hemoglobin: _______ g/dL

### Requires supplemental oxygen for travel:
- [ ] No
- [ ] Yes — please complete Section 1

### Requires attendant or assistance with mobility:
- [ ] No
- [ ] Yes — please complete Section 2a

### Respiratory condition (acute or chronic):
- [ ] No
- [ ] Yes — please complete Section 2b

### Seizure disorder:
- [ ] No
- [ ] Yes — please complete Section 2c

### Cardiac condition (including syncope):
- [ ] No
- [ ] Yes — please complete Section 2d

### Psychiatric/Behavioural/Cognitive Condition:
- [ ] No
- [ ] Yes — please complete Section 2e

### Allergy to cats or dogs:
- [ ] No
- [ ] Yes — please complete Section 2f

### Requires exemption from wearing face covering:
- [ ] No
- [ ] Yes — please complete Section 2b + e

## Vital signs:

<table>
<thead>
<tr>
<th>OXYGEN SATURATION</th>
<th>ROOM AIR or $O_2$</th>
<th>BLOOD PRESSURE</th>
<th>HEART RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>Lpm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Prognosis for a safe trip:
- [ ] Good
  (No problems anticipated)
- [ ] Guarded
  (Potential problems)
- [ ] Poor
  (Problems likely)

# PHYSICIAN SIGNATURE

<table>
<thead>
<tr>
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</table>
SECTION 1 – TRAVELLING WITH OXYGEN

Oxygen saturation: ________ %  
☐ Room air  
☐ O₂ _________ Lpm continuous  
☐ Personal Oxygen Concentrator (POC) pulse settings: 1 2 3 4 5 6  
☐ POC continuous settings: ☐ 1 Lpm ☐ 2 Lpm ☐ 3 Lpm

Does the patient already use oxygen on the ground? ☐ Yes ☐ No

If yes, please provide the following information:

☐ O₂ tank → Flow rate: ___________________________ Lpm Hours per day _____  
☐ POC → Brand: ____________________________________________

☐ Pulse delivery at setting: 1 2 3 4 5 6 Hours per day _____  
or ☐ Continuous flow delivery at: ☐ 1 Lpm ☐ 2 Lpm ☐ 3 Lpm Hours per day _____

CHOOSE ONE OF THE FOLLOWING OPTIONS FOR FLIGHT

☐ OPTION 1 Oxygen Request* (provided by Air Canada – fees applicable / Nasal prongs only, no mask)

Oxygen cylinder – required flow: ☐ 2 Lpm ☐ 3 Lpm ☐ 4 Lpm ☐ 5 Lpm ☐ more than 5 Lpm required

Is a pediatric mask required? ☐ Yes ☐ No

☐ OPTION 2 POC** (passenger provided) Brand: ____________________________________________

☐ Pulse delivery at setting: 1 2 3 4 5 6  
or ☐ Continuous flow delivery at: ☐ 1 Lpm ☐ 2 Lpm ☐ 3 Lpm

Is the passenger familiar with their POC and capable of managing the device on their own, including responding to alerts and changing of batteries? ☐ Yes ☐ No

Does the passenger have sufficient batteries for their trip? (Aircraft do not have electrical outlets able to support power to a POC.) ☐ Yes ☐ No

ADVANCE NOTICE REQUIRED

(Best efforts will be made to accommodate requests made within this timeframe.)

* North America: 48 hours
  International: 72 hours

** POC or CPAP: 48 hours

PHYSICIAN SIGNATURE

______________________________________________________

DATE

DD / MM / YYYY
## SECTION 2 – DECLARATION OF ILLNESS, ACCIDENT OR TREATMENT

### DIAGNOSIS

<table>
<thead>
<tr>
<th>Treatment:</th>
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<tbody>
<tr>
<td>Medications:</td>
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</table>

Will a cabin pressure the equivalent to an elevation of 2,400 m (8,000 ft) above sea level (i.e., a 25% reduction in the ambient partial pressure of oxygen and an expansion of the volume of gas) affect the passenger’s medical condition?  
☐ Yes  ☐ No

### a) Does the patient require an attendant to travel?  ☐ Yes  ☐ No

Medical reason passenger is unable to travel alone: ________________________________

Is an escort required in flight to assist with eating, medications and toileting?  ☐ Yes  ☐ No

Who should accompany passenger?  ☐ Doctor  ☐ Nurse  ☐ Other (adult family/friend able to attend to all personal and safety needs)

Bowel Control:  ☐ Yes  ☐ No  Bladder Control:  ☐ Yes  ☐ No (If no, mode of control: ________________________)

Able to walk without assistance?  ☐ Yes  ☐ No

If no, please provide the following information:

- Wheelchair required for boarding
- To aircraft
- To seat
- Passenger has own wheelchair
- Electrical
- Manual

For adults with cognitive disabilities not needing an attendant, is airport assistance required?  ☐ Yes  ☐ No

### b) Chronic Pulmonary Condition  ☐ Yes  ☐ No

If yes, please provide the diagnosis: ________________________________

Short of breath:  ☐ Yes  ☐ No  If yes, please provide the following information:  ☐ On exertion  ☐ At rest

Can the passenger tolerate mild exertion—example, walk 100 metres at a normal pace or climb 10-12 stairs—without symptoms?  ☐ Yes  ☐ No

Has the passenger recently taken a commercial aircraft in these same conditions?  ☐ Yes  ☐ No

If yes, any medical problems or complications? ______________________________________

Has the passenger had recent arterial gases?  ☐ Yes  ☐ No  If yes, what were the results?

<table>
<thead>
<tr>
<th>pCO₂</th>
<th>pO₂</th>
<th>Saturation</th>
<th>% Date of exam:</th>
</tr>
</thead>
</table>

Blood gases were taken on:  ☐ Room air  ☐ Oxygen _________ Lpm

Continued on page 5 >
SECTION 2 – DECLARATION OF ILLNESS, ACCIDENT OR TREATMENT CONTINUED

c) Seizure? □ Yes □ No

Cause/Type: ________________________________________________________________

When was the last seizure? __________________________ Last hospital visit for seizure: __________________________

Are the seizures controlled by medication? □ Yes □ No

d) Cardiac conditions? □ Yes □ No

Can the passenger tolerate mild exertion—example, walk 100 metres at a normal pace or climb 10-12 stairs—without symptoms? □ Yes □ No

**Angina:** □ Yes □ No  
Date of last episode: ______________________________________________________

Limit to physical activity: □ None □ Slight □ Marked □ Severe

**Myocardial infarction:** □ Yes □ No  
Date: ________________________________________________________________

Complications: □ Yes □ No

Specify: _________________________________________________________________

Low risk on angiography or non-invasive studies? □ Yes □ No

If angioplasty or coronary bypass, date: ______________________________________

**Cardiac failure:** □ Yes □ No  
Date of last episode: ______________________________________________________

□ Functional class: □ No symptoms

□ Short of breath: □ With major effort □ With light effort □ At rest

**Syncope:** □ Yes □ No  
Diagnosis/Presumed cause: __________________________________________________

Investigations, if any: ______________________________________________________

e) Psychiatric/Behavioural/Cognitive Condition? □ Yes □ No

Diagnosis: ________________________________________________________________

Is there a possibility that the passenger will become agitated during the flight, causing safety risk or significant distress to others? □ Yes □ No

Has he/she previously flown in a commercial aircraft in this condition? □ Yes □ No

If yes, did he/she travel: □ Alone □ Accompanied — Date of travel: __________________________

f) Allergy? □ Yes □ No

Does the passenger carry an asthma inhaler/pump? □ Yes □ No

Allergy to cats: □ Yes □ No  
If yes, does the passenger suffer from:

□ itchy eyes; □ wheezing; □ runny nose; □ cough; □ itchy skin/rash; □ dyspnea

Allergy to dogs: □ Yes □ No  
If yes, does the passenger suffer from:

□ itchy eyes; □ wheezing; □ runny nose; □ cough; □ itchy skin/rash; □ dyspnea

Other medical information

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SECTION 3 – EXTRA SEATING BY 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.

**Measurements** (please use metric measurements)

a) Weight _________________________________ kg

b) Height _________________________________ cm

c) Body Mass Index ________________________ (kg/m²)

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 at right.
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 "Surface Measurement" (item d).

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.
SECTION 4 – TRAVELLING BETWEEN CANADA AND THE U.S.A.

FOR PASSENGERS TRAVELLING ON A FLIGHT BETWEEN CANADA AND THE U.S.A., WE ONLY REQUIRE THE COMPLETION OF THIS SECTION 4 OF THIS FITNESS FOR AIR TRAVEL FORM.

WE STRONGLY RECOMMEND THAT SECTION 2 BE COMPLETED BY THE ATTENDING PHYSICIAN TO ENSURE THAT PASSENGER’S 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

If no, 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?

☐ Yes  ☐ No

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?

☐ Yes  ☐ No

If yes, state which: ________________________________

c) Does the passenger have a bonafide medical condition which would preclude them from wearing a facial covering or mask?

☐ Yes  ☐ No

3) Oxygen

Does the passenger use oxygen on the ground or will the passenger require supplemental oxygen in flight?

☐ Yes  ☐ No

If yes, please complete SECTION 1 (page 3)

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