

**RESOLUTION 700 ATTACHMENT B PART ONE**  
**INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL MEDICAL CLEARANCE**  
**(TO BE COMPLETED OR OBTAINED IN ENGLISH FROM THE ATTENDING PHYSICIAN)**

**1. Patient's name** \_\_\_\_\_

Date of birth (dd/mm/yyyy) \_\_\_\_\_ Gender \_\_\_\_\_ Nationality \_\_\_\_\_

Height (Meters) \_\_\_\_\_ Weight (KGs) \_\_\_\_\_

**2. Diagnosis** (including date of onset of current illness, episode or accident and treatment, specify if contagious):

\_\_\_\_\_

Nature and date of any recent and/or relevant surgery \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Current symptoms and severity** \_\_\_\_\_

**4. Will a 25% to 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition?** (Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 meters (8000 feet) above sea level)

Yes  No  Not sure

**5. Additional clinical information**

a. Anemia  Yes  No If yes, give recent result \_\_\_\_\_ mmol/l or \_\_\_\_\_ g/100ml of haemoglobin

b. Respiratory condition  Yes  No If yes, complete Part. 2 # 2

c. Cardiac condition  Yes  No If yes, complete Part. 2 # 1

d. Psychiatric or seizure disorder  Yes  No If yes, complete Part. 2 # 3

e. Normal bladder control  Yes  No If no, give mode of control \_\_\_\_\_

f. Normal bowel control  Yes  No If no, give mode of control \_\_\_\_\_

**6. Oxygen needed in flight**  Yes  No

a. Oxygen needed in flight? If yes, complete O<sub>2</sub> rate l/m (on-demand)

1,2  2,0  2,8  3,6  4,4  5,2

b.  For whole flight  For stand-by

c. Is the patient familiar with the Air France-KLM oxygen system (Wenoll WS120)  Yes  No

(Please note on-demand system not possible for children under 8 years/patients with tracheotomy and very weak passengers. If applicable please contact Air France-KLM directly)

d. Does the patient use oxygen at home?  Yes  No If yes, specify how much L/m \_\_\_\_\_

e. Has the patient an own O<sub>2</sub> concentrator on board or CPAP

Yes  No If yes, specify brand name \_\_\_\_\_

f. Will the patient use this own O<sub>2</sub> concentrator or CPAP on board  Yes  No

**7. Escort**

- a. Is the patient fit to travel unaccompanied?  Yes  No
- b. If no, will the patient have a private escort to take care of his/her needs onboard?  Yes  No
- c. If yes, who should escort the passenger?  Doctor  Nurse  Other \_\_\_\_\_
- d. If other, is the escort fully capable to attend to all needs on board?  Yes  No

**8. Mobility**

- a. Able to walk without assistance?  Yes  No
- b. Wheelchair required for boarding to aircraft?  Yes  No
- c. Can the patient sit upright in a normal aircraft seat?  Yes  No (if the answer is NO a stretcher will be required)

**9. Medication list**

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**10. Other medical information**

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**11. Prognosis for the trip**

- Good  Poor

**12. Filled and signed:**

Physician name \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_

Address / Hospital \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

**Note:** Cabin attendants are not authorized to give special assistance to particular passengers, they are trained only in first aid and are not permitted to administer any injection, to give medication, or to feed and toilet patient.

**Important:** Fees, if any, relevant to the provision of the above information and for carrier-provided special equipment are to be paid by the passenger concerned.

## RESOLUTION 700 ATTACHMENT B PART TWO

### 1. Cardiac condition

Yes  No

#### a. Angina

Yes  No

When was last episode? \_\_\_\_\_  
(dd/mm/yyyy)

- Is the condition stable?  Yes  No

- Functional class of the patient?

No symptoms

Angina on heavy exertion/activities

Angina on light exertion/activities

Angina even at rest

- Can the patient walk 100 meters at a normal pace or climb 10 -12 stairs without symptoms?

Yes

No

#### b. Myocardial infarction

Yes

No

Date (dd/mm/yyyy) \_\_\_\_\_

- Complications?  Yes  No

If yes, give details \_\_\_\_\_

- Stress EKG done?  Yes  No

If yes, what was the result? Metz \_\_\_\_\_

- If angioplasty or coronary bypass, can the patient walk 100 meters at normal pace or climb 10–12 stairs without symptoms?

Yes

No

#### c. Cardiac failure

Yes

No

When was last episode? \_\_\_\_\_

- Is the patient controlled with medication?  Yes

No

- Functional class of the patient (NYHA classification)

No symptoms and no limitations

Mild symptoms and slight limitations

Extreme symptoms and marked limitations

Symptoms even at rest and severe limitations

#### c. Syncope

Yes

No

When was last episode? \_\_\_\_\_

- Investigations  Yes  No

If yes, state results \_\_\_\_\_

### 2. Chronic pulmonary condition

Yes

No

#### a. Has the patient had recent arterial gases

Yes

No

#### b. Blood gases were taken

Yes

No (on: Room air / Ambient Air)

- If yes, what were the results:

pCO<sub>2</sub> \_\_\_\_\_

pO<sub>2</sub> \_\_\_\_\_

#### c. Please specify Saturation on room air \_\_\_\_\_

Date of exam (dd/mm/yyyy) \_\_\_\_\_

#### d. Please specify saturation with oxygen supplies \_\_\_\_\_

on \_\_\_\_\_ l/min

#### e. Does the patient retain CO<sub>2</sub>?

Yes

No

#### f. Has his/her condition deteriorated recently?

Yes

No

#### g. Can the patient walk 100 meters at a normal pace or climb 10 -12 stairs without symptoms?

Yes

No

#### h. Has the patient ever taken a commercial aircraft in these same conditions?

Yes

No

- If yes when? \_\_\_\_\_

- Did the patient have any problems? \_\_\_\_\_

**3. Psychiatric or seizure disorder**

Yes       No

a. Is there a possibility that the patient will become agitated during a flight?

Yes       No

b. Has he/she taken a commercial flight before?

Yes       No

• If yes, date of travel? (dd/mm/yyyy)

\_\_\_\_\_

Did the patient travel alone or escorted?

Alone       Escorted

c. Seizure

Yes       No

1. What type of seizures?

\_\_\_\_\_

2. Frequency of the seizures?

\_\_\_\_\_

3. When was the last seizure?

\_\_\_\_\_

4. Are the seizures controlled by medication?

Yes       No

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