

TRAVEL DECLARATION FORM

PATIENTS			
NAME, INITIAL(S)			
MEDICAL INFO.			
DIAGNOSIS in details (including vital signs)	Please write so that non medical personnel are able understand.		
OPERATION (Date of Operation)	Date:		
Diagnostic content			
1 PROGNOSIS for the flight(s)	<input type="checkbox"/> Fit to Travel <input type="checkbox"/> NOT Fit to Travel	<input type="checkbox"/> One-Way Itinerary <input type="checkbox"/> Round-Trip Itinerary	Date of return flight _____
2 Contagious AND communicable Disease ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ If Yes, may the disease be infectious to other persons? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3 Can sit upright with seat belt fastened ? (during take-off and landing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ If not, is Stretcher needed on board? * An extra stretcher fee is requested besides the applicable fare for both the passenger and escort. Necessary arrangement must be made with the airline.	
4 Is the patient fit to travel unaccompanied?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Must be accompanied by Physician or Nurse <input type="checkbox"/> No, Must be accompanied by a person who is approved by Physician	Escort name _____	
5 Oxygen needed in flight?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Do you need oxygen continuously?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Does patient need any medical equipment in flight? (e.g., ventilator, oxygen concentrator, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8 Does patient need any MEDICATION in flight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ If yes, specify	
9 Specify more details, if necessary			

Prognosis as above. I will provide necessary information required by the airline's medical department for the purpose of determining his/her fitness to travel by air with consent of the patient.

PHYSICIAN			
Print Name			Date
Signature			
Medical ID # CRM			
Phone No.		Address	

All inquiries about the surgery will be responded to immediately between the hours of 9AM to 6PM