

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)	☐ Fit to Travel ☐ NOT Fit to Travel	☐ One-Way Itinerary ☐ Round-Trip Itinerary Date of return flight _____
2	Contagious AND communicable Disease ?	☐ Yes ☐ No	→If Yes, may the disease be infectious to other persons? ☐ Yes ☐ No
3	Can sit upright with seat belt fastened ? (during take-off and landing)	☐ Yes ☐ 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. ☐ Yes ☐ No
4	Is the patient fit to travel unaccompanied?	☐ Yes ☐ No, Must be accompanied by Physician or Nurse ☐ No, Must be accompanied by a person who is approved by Physician Escort name [_____]	
5	Oxygen needed in flight?	☐ Yes ☐ No	
6	Do you need oxygen continuously?	☐ Yes ☐ No	
7	Does patient need any medical equipment in flight? (e.g., ventilator, oxygen concentrator, etc.)	☐ Yes ☐ No	
8	Does patient need any MEDICATION in flight?	☐ Yes →If yes, specify ☐ No	
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