



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

**NOTIFICATION OF TRANSPORTATION OF A PATIENT /SICK PASSENGER PER
AIRCRAFT TO SOUTH AFRICA -AC1 FORM**

To be completed with available information and faxed (or phone through) to the Port Health Officer at
Lanseria international Airport:-**Tell no. : (011) 701-3309 and fax no. : (011) 701-3447(24 hours)**
Cell no.:082 054 4454/ 082 417 9960

Air carrier information

Flight no.: _____

Aircraft type: _____ **Aircraft Registration no.:** _____

Airport of embarkation: _____

Date of departure: _____ **time of departure:** _____

Airport of disembarkation: _____

Date of arrival: _____ **Time of arrival:** _____

Information of patient/ sick passenger

Name of patient/sick passenger: _____

Age: _____ **years** **Gender:** _____

Passenger: _____

Nationality: _____ **Passport no.:** _____

Patient's medical condition: _____

Country(s) lived in or visited during the previous 21 days: _____

Name of hospital/ institution treating patient: _____

Contact person: _____

Tell no.: _____ **Fax:** _____

Aeromedical Company/ airline responsible: _____

Contact person: _____

Tell no.: _____ **Fax:** _____

Signature: _____ **Date:** _____