



MEDICAL PASSENGER REQUEST FORM

PASSENGER INFORMATION

Patient Name:		Patient Record #:	
Date of birth:	Weight (lbs):	Height:	Gender:
Address:			
City:	State:	ZIP Code:	
Home/Mobile Phone:		Work:	
Email:			
Illness:	Patient's Condition*: ___Unchanged ___Changed		
Primary Language Spoken:			
<i>If other than English, contact name:</i>		<i>Phone:</i>	

***If the patient's condition has changed due to surgery, hospitalization, etc., then a new Physician's Letter must be completed with this form.**

APPOINTMENT INFORMATION

(TO BE COMPLETED BY SOCIAL WORKER, DOCTOR, OR OTHER AUTHORIZED PERSONNEL)

Origination City:	Appointment Date*:	Appointment Time:
Destination City:	Release Date*:	Release Time:
Place of Lodging:		Phone:

***Please note that the patient may need to travel the day before or after his/her scheduled appointment(s) if check-in/release times are too early/late in the day.**

COMPANION INFORMATION (if applicable)

1 st Companion:		Relationship to Patient:
Date of Birth:	Weight (lbs):	Height:
2 nd Companion (if patient is a child):		Relationship to Patient:
Date of birth:	Weight (lbs):	Height:

REQUESTING FACILITY INFORMATION

(TO BE COMPLETED BY SOCIAL WORKER, DOCTOR, OR OTHER AUTHORIZED PERSONNEL)

Facility Name:		
Address:		
City:	State:	ZIP Code:
Requester Name:		Phone:
Email:		Fax:
Releasing Physician:		Phone:
Destination Facility:		
Treating Physician:		Phone:



Dear Doctor or Medical Professional,

We require a medical release for new patients traveling with Angel Flight South Central for the first time, or if a current patient's condition has recently changed due to surgery, hospitalization, etc. We appreciate your help in completing and returning this form at your earliest convenience.

I, _____, hereby confirm that _____
(Physician First, Last Name) *(Patient First, Last Name)*

is a patient in my care who meets the following criteria:

- **Patient is medically stable** to travel in a small, non-pressurized aircraft that typically seats 4-6 passengers. The patient does not have any medical conditions that could affect either the safety of the pilot or the patient's personal health on the flight. These may include, but are not limited to, conditions such as seizures, mental disorders, respiratory issues, or the need for medical care during the flight.
- **Patient is ambulatory** and able to climb in and out of a small plane by stepping up 16 to 20 inches with limited assistance. The patient is also able to sit upright for the duration of the flight. The patient is not more than 20 weeks pregnant.
- **Patient has a legitimate need to travel for medical care.** Our pilots donate their time, skills, and the cost of fuel to provide free transportation for patients who require medical treatment not available to them locally. We need to ensure that those who truly need them are using our resources.

Physician Signature: _____ Date: _____

Phone: _____ Fax: _____

Facility Name: _____

Address: _____

Please fax the completed form to 972-858-5492 or email it to coordinator@angelflightsc.org. If you have any questions about our services, please call our office at 972-755-0433. The patient's mission will not be scheduled until we receive this signed letter from you.

Sincerely,

AFSC Mission Coordination Team



ANGEL FLIGHT SOUTH CENTRAL QUALIFICATIONS

FIRST TIME PASSENGERS ONLY

Agreement of the following criteria is required before a mission is scheduled.

1. Passenger must have a legitimate medical need to use our services.
2. Passenger must have a back-up plan for the outgoing and return trip. Flights are not guaranteed and may be cancelled at the last minute due to weather or mechanical issues. Back-up plans may include rescheduling an appointment, driving, or making arrangements to travel by a commercial flight or bus.
3. Passenger and companion must be ambulatory and able to climb in and out of a small plane by stepping up 16 to 20 inches with limited assistance. Passengers must also be able to sit upright for the duration of the flight.
4. Passenger and/or companion cannot be more than 20 weeks pregnant or require medical attention during the flight.
5. Passenger and companion must be able to travel in small, non-pressurized planes that typically seat 4-6 passengers.
6. A parent or adult guardian must accompany passengers under the age of 18.
7. The parent and/or guardian is responsible for providing age-appropriate safety seats for children traveling in aircraft and motorized vehicles. Angel Flight South Central (AFSC) does not provide safety seats. For information on safety seat requirements in vehicles for travel within Texas, please contact our office.
8. All companions traveling with the passenger must be approved by AFSC prior to the day of the flight. Weight is extremely critical on a small plane.
9. Luggage is limited to 50lbs total for all passengers, including special equipment such as oxygen, walkers, safety seats, etc. Please bring carry-on size luggage that is soft-sided. Excessive luggage will need to be mailed or left behind.
10. It is the passenger's responsibility to notify AFSC of any changes in appointments, cancelled flights, alternate transportation arrangements, companions, etc. Any changes not provided to AFSC prior to the flight will not be accommodated.
11. The passenger is responsible for making lodging and ground transportation arrangements.
12. All passengers are required to be on time for each flight. The pilot(s) will arrange a pick-up time and meeting location prior to each trip. Any delays may result in late departures, missed connecting flights, or cancelled missions.
13. All passengers will be required to sign a waiver of liability prior to departure for each flight.
14. Passengers may be on a plane for up to 4 hours at a time, and most planes do not have restrooms on board. Depending on distance, passengers may travel on up to 3 different planes. Food and non-alcoholic beverages are permitted on the flight.
15. Passengers are not permitted to contact pilots who have flown them on previous AFSC missions. All new and future requests must be made through the AFSC office.
16. Passengers are not permitted to request additional funds from AFSC volunteers to help cover ground transportation, hotel accommodations, etc. Nor are they allowed to request ground transportation from the pilot once they arrive at their destination.

I am the passenger or legal guardian. I have read and agree to abide by all requirements outlined above. I understand that failure to comply with any of the above statements may result in the termination of services provided to me by AFSC.

I am the passenger's representative. I acknowledge responsibility for ensuring that the passenger is fully aware of the requirements outlined above. I certify that the passenger agrees to abide by these policies and understands that failure to do so may result in the termination of services to the passenger by AFSC.

Signature: _____ Date: _____