

Medical Certificate of Fitness to Travel

A patient may travel with Regional Express provided:

- They do not have a contagious disease or the disease they have is past the contagious period.
- They are able to look after themselves in flight as we have one Flight Attendant on the SAAB 340 aircraft.
- They do not require a stretcher, as these cannot be fitted to our aircraft.
- If Oxygen is required in flight only the Oxy Pak available from BOC Gasses is used and all costs associated with it are borne by the passenger and you have ensured the passenger has sufficient oxygen for their ENTIRE journey.
- They are able to self-administer any medicines or procedures that may need to be taken/undertaken during the flight.
- They are able to sit in an aircraft style seat with the seat back fully upright.

RELOC:

Doctor requesting approval: _____		
Phone: ()		Fax: ()
Name of Passenger: _____		
Flight Date: _____	Flight: _____	ETD: _____
From: _____	To: _____	

ASSESSMENT DATA (Completed by the Passenger's Medical Practitioner)

	YES	NO
Is the passenger's condition contagious?	<input type="checkbox"/>	<input type="checkbox"/>
Is the passenger being escorted? Escort's Name: _____	<input type="checkbox"/>	<input type="checkbox"/>
Does the passenger require oxygen in flight? Please ensure that the passenger has sufficient oxygen to last the flight allowing for the time spent getting to the airport and the time spent to get from the airport to their final destination. Oxygen must come in a BOC OxyCare Travel Pack (suitable for air transport) available through BOC Gases.	<input type="checkbox"/>	<input type="checkbox"/>
Does the passenger need a wheelchair? and if so which statement describes your patient's needs? <input type="checkbox"/> Can use stairs and walk a little <input type="checkbox"/> Can't use stairs but can walk to aircraft seat <input type="checkbox"/> Others – Please specify: _____ <input type="checkbox"/> Can't use stairs and can't walk far unaided <input type="checkbox"/> Is post operative and needs assistance and a chair	<input type="checkbox"/>	<input type="checkbox"/>
Is the passenger post-operative? If so, what other assistance is required from Rex?	<input type="checkbox"/>	<input type="checkbox"/>
What other information are you able to provide that will assist us in knowing what assistance to provide the passenger? _____		
I, _____ declare that _____ is fit to travel by air. Signature: _____ Date: _____		

When completed, please fax to Reservations on 02 6393 5599. Call 13 17 13 Reservations to input info into reservation(s) and fax to Network Operations on 02 9023 3556 to be completed as the Rex Authorising Authority.

FOR OFFICIAL USE

I, _____ as the authorising authority within Regional Express, agree that the passenger listed above may travel on the Regional Express flights shown.
Signature: _____ Date: _____

- Fax signed copy to Reservations on 02 6393 5599 and to the Requesting Medical Practitioner.
- Once complete, Reservations to fax to Network Operations on 02 9023 3556 who will fax to ports of embarkation and disembarkation.
- Crew must be aware of travel.
- Any changes to this document can only be authorised by the GMFO.

