



AIR CANADA

FITNESS FOR AIR TRAVEL – MEDICAL INFORMATION

Employee Name: _____ **Employee No.:** _____

Passenger Telephone: _____ **Passenger Name:** _____

Planned Departure Date: _____ **Destination:** _____

FAX COMPLETED FORM TO:

**AIR CANADA OCCUPATIONAL HEALTH SERVICES (OHS)
905-676-2402**

****** AT LEAST 3 BUSINESS DAYS BEFORE YOU TRAVEL ******

You will be advised of the determination and period of validity of this form. You are responsible to provide an update FTF (Fitness to Fly form) from your health provider for travel outside of the period of validity of this form. If your condition changes or you develop another medical condition (even during the period of validity), you are responsible to provide an updated FTF.

INSTRUCTIONS FOR THE ATTENDING PHYSICIAN

(This information is for use by the Air Canada physician, who is a specialist in Aviation Medicine.)

If your patient **requires supplemental oxygen**, please fill **Section 1**. **Note Air Canada does not provide O2 to employees who book on contingent travel and therefore the employee must provide their own portable oxygen concentrator if oxygen is required.**

Please fill **Section 2** as completely as possible.

Please answer (in block letters) all the questions in order to have your patient travel and return to the above facsimile number as soon as possible. All relevant sections must be signed and dated.

Costs for completing this form are the employee's responsibility.



FITNESS FOR AIR TRAVEL – MEDICAL INFORMATION

Employee's Name: _____ **Employee No.:** _____

Date of Birth: _____

Flight Number: _____ Date: _____ From/to: _____

Flight Number: _____ Date: _____ From/to: _____

PHYSICIAN INFORMATION

Attending Physician: _____ Tel.: _____

Country or Province of Registration: _____ Fax: _____

Physician License Number: _____

SECTION 1 – TRAVELLING WITH OXYGEN

1) Oxygen *

a) Does the patient already uses oxygen **on the ground?** No Yes: Please provide the following information:

O₂ tank by Nasal Prongs / Mask Flow Rate: _____ Lpm Hours per day: _____

Personal oxygen concentrator (POC) ▶ Type: _____ Setting: Pulse Continuous

▶ if Pulse, settings: 1 2 3 4 5 6 ▶ if Continuous: _____ Lpm Hours per day: _____

b) Oxygen saturation: _____ % Room air O₂ _____ Lpm continuous

O₂ POC pulse settings: 1 2 3 4 5 6

c) Choose the following option **for flight if supplemental oxygen required:**

Personal oxygen concentrator* (*passenger provided*) – Type: _____

▶ if Pulse, settings: 1 2 3 4 5 6 ▶ if Continuous: _____ Lpm



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SECTION 2 – DECLARATION OF ILLNESS, ACCIDENT AND/OR TREATMENT

- 1) a) **Diagnosis:** _____ b) Date of Onset: _____
 c) Treatment: _____
 d) Nature and date of any surgery: _____

2) Present symptoms and severity: _____

3) Will a cabin pressure with the **hypoxic** equivalent of a fast trip to a mountain elevation of 2400 m (8000 ft) above sea level (i.e. a 25% to 30% reduction in the ambient partial pressure of oxygen) affect the passenger's medical condition?
 Yes No

4) Can the patient walk 100 meters at a normal pace or climb 10-12 stairs without symptoms? Yes No

5) **Medication list:** _____

6) **Vital signs**

a) Oxygen saturation _____ % Room air O₂ _____ Lpm Blood pressure _____ Heart rate _____

b) Anemia Yes No - Give degree in grams of hemoglobin: _____

7) a) **Is the patient medically fit to travel unaccompanied?**

Yes - For adults with cognitive disability, does the patient need assistance at the airport? Yes No

No - The patient needs a safety/personal attendant to attend to personal needs (meals, toileting, administering medication, etc.) **AND** to physically assist in the event of an emergency evacuation.

Who should accompany the passenger?

Doctor Nurse Other adult (family, friend) able to attend to all personal AND safety needs

b) Bowel Control: Yes No Bladder Control Yes No - Mode of control: _____

8) **Degree of ambulation:** Able to walk without assistance? Yes

No a) Wheelchair required for boarding To aircraft To seat

b) Does the patient travel with his/her own wheelchair? Electrical Manual

9) **Cardiac Condition**

a) **Angina:** No Yes Date of last episode: _____

Limit to physical activity: None Slight Marked Severe

b) **Myocardial Infaction:** No Yes - Date: _____

i) Complications: No Yes - Specify: _____

ii) Low risk on angiography or non-invasive studies? Yes No

iii) If angioplasty or coronary bypass, date: _____

c) **Cardiac Failure:** No Yes - Date of last episode: _____

Functional class: No symptoms Short of breath: With major effort With light effort At rest

d) **Syncope:** No Yes - Investigations: _____



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SECTION 2 – DECLARATION OF ILLNESS, ACCIDENT AND/OR TREATMENT (Continued)

10) **Chronic Pulmonary Conditions:** No Yes – Diagnosis: _____

a) Short of breath: No On exertion At rest

b) Has the patient had recent arterial gases? No Yes If yes, what are the results?

pCO₂ _____ pO₂ _____ Saturation _____ % Date of exam: _____

Blood gases were taken on: Room air Oxygen _____ LPM

c) Has the patient recently taken a commercial aircraft in these same conditions? Yes No

If yes, any medical problems or complications? _____

11) **Psychiatric/Behavioural/Cognitive Conditions:** No Yes Diagnosis: _____

a) Is there a possibility that the patient will become agitated during the flight? Yes No

b) Has he/she taken a commercial aircraft before? Yes No

If yes, did he/she travel: Alone Accompanied Date of travel: _____

12) **Seizure:** No Yes a) Cause/Type: _____

b) When was the last seizure? _____

c) Are the seizures controlled by medication? Yes No

13) **Other medical information:**

14) **Prognosis for a safe trip:** Good Guarded Poor

Physician Signature

Date

OHS use only

Approval date:

Valid until (maximum 1 year):



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Passenger's Name: _____

Booking Ref. _____

SECTION 3 – EXTRA SEATING FOR REASON OF OBESITY

FOR ITINERARIES WHOLLY WITHIN CANADA ONLY

THIS SECTION REQUIRED ONLY IF REQUESTING AN EXTRA SEAT FOR REASONS OF OBESITY

The information provided herein will assist Air Canada in determining passenger's right to accommodation in the form of extra seating without charge.

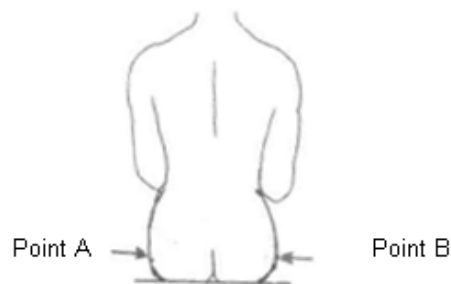
For first assessment, please ensure all sections above are completed by the attending physician.

If this is a renewal, this section can be completed by an occupational therapist, a physiotherapist or nurse practitioner provided no other co-morbidities had been identified by the physician in the initial assessment and passenger's fitness for flying has not changed in the last 2 years.

- 1) **Measurements** (please use metric measurements)
- a) Weight _____ kg
 - b) Height _____ cm
 - c) Body Mass Index _____ (kg/m²)
 - d) Surface measurement * A to B _____ cm

* Surface measurement should be calculated by measuring the distance between the extreme widest projection points of the patient when seated as follows instruction:

1. Have your patient sit on a paper covered examination table.
2. Rest a ruler or straightedge on the left side of patient at the widest point (hip or waist) as shown on diagram below.
3. Mark the touch point between the ruler and the paper as Point A.
4. Rest a ruler or straightedge on the right side of patient at the widest point (hip or waist).
5. Mark the touch point between the ruler and the paper as Point B.
6. Measure the distance between Point A and Point B, and indicate this measurement above under "d) Surface measurement".



Physician Signature

Date

Please note while we will do our best to accommodate for seating, for contingent travel there is no guarantee of seat availability.