

1. This form is required for passengers with a medical condition intending to travel on Alliance Airlines.
2. Prior to travel this form is to be completed and signed by a suitably qualified Medical Personnel to ensure the passenger is fit to travel by air.
3. The passenger is to sign the declaration in section 8
4. This form is to be forwarded to Alliance Airlines medicalclearance@allianceairlines.com.au prior to the proposed date of travel.

1. Passenger Details (Completed by the Passenger)

Full Name:	Age:	Date of Birth:
Phone Number:	Address:	Post code :
Email:		

2. Travel Information (Completed by the Passenger)

Flight Sector	Flight Number	Date of flight	Travelling from	Travelling to
Sector 1				
Sector 2				

3. Medical Information (Completed by Medical Personnel)

Medical Condition /Diagnosis:

Date of Diagnosis, onset of illness, episode or treatment or surgery:

4. Travel History

Has the passenger travelled overseas or been in a covid exposure site within the last 14 days YES NO

If YES where:

5. Oxygen Requirements (to be completed by Medical Personnel)

Is supplementary Oxygen required*	YES <input type="checkbox"/>	No <input type="checkbox"/>
If Yes what is the flow rate	2L/Min Intermittent/Continuous <input type="checkbox"/>	
	4 L/Min Intermittent Continuous <input type="checkbox"/>	

*Except for inflight emergencies. Alliance Airlines does not offer inflight medical treatments for passengers. Should a passenger require personal inflight oxygen they will need to make their own arrangements for the supply of oxygen.

6. Assistance Requirements (to be completed by Medical Personnel)

a. Is a wheelchair required to the aircraft door or seat?	YES <input type="checkbox"/> Door <input type="checkbox"/> or Seat <input type="checkbox"/>	NO <input type="checkbox"/>
b. Is an escort required to assist with eating, medications and toileting during the flight?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. Is a medically trained escort required?	YES <input type="checkbox"/> Name and Qualification of escort	NO <input type="checkbox"/>
d. Is the passenger travelling from hospital?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e. Is an ambulance required?	YES <input type="checkbox"/> Have all the necessary arrangements been made YES <input type="checkbox"/> NO <input type="checkbox"/>	NO <input type="checkbox"/>
f. Is any of the following equipment required?	Humidicrib <input type="checkbox"/> Stretcher <input type="checkbox"/> Other medical equipment <input type="checkbox"/> Specify:	Prior approval and ambulance booking is REQ.
g. Will the passenger be wearing a mask?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
h. Additional Clinical Information		

7. Medical Personnel Declaration

I certify that the above-named passenger has been assessed by me and is fit to travel on the nominated flights. I further certify that this passenger does not have any contagious disease that could directly place another passenger or crew member at risk, or that would contravene relevant quarantine or public health department regulations.

Name:	Signature:	Contact number:
Qualification:	Date:	Email:

8. Passengers Declaration

I declare that the information contained on this form is complete and accurate. I authorise Alliance Airlines to use this information as required in the event of an emergency. I acknowledge Alliance Airlines staff are not medically trained and that the airlines cannot guarantee I will receive appropriate medical attention in any situation. I acknowledge that Alliance Airlines reserves the right to refuse travel if the airline considers it is not in my best interest to fly.

Name:	Date:	Signature:
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9. Form Retention (office use only)

One (1) copy of this form is to be retained on department station flight files and a copy carried by passenger.