



Medical Clearance Form				
Section 1 Please complete the form in CAPITAL letters. Answer all questions.				
To be completed by Section 2 of this form must be completed by a Doctor if the passenger has a serious or unstable PASSENGER or medical condition (refer Medical Guidelines for Doctors).				
AGENT				
1. Personal Information				
Name/Title: Sex: Date of Birth:				
Male Female				
Contact Telephone: Email Address:				
2. Travel Information				
Booking Reference(s) / PNR:				
	First Sector	Date of Flight	Flight Number	Travelling From
1				
2				
3				
4				
Nature of Disability, Illness, or Injury				
3. Escort Details (if applicable)				
Name: Booking Reference:				
Is the intended escort capable and prepared to provide all assistance including feeding, toileting and lifting if required? N/A YES NO				
Is the escort medically trained? N/A YES NO				
4. Assistance Requirements				
Is wheelchair indicated?				
WCHR: Cannot walk far, but can manage stairs				
YES NOWCHS: Cannot walk far, cannot manage stairs				
		WCHC: Unable to walk, needs assistance to cabin seat		
5. Oxygen Requirements				
Is supplementary oxygen required? All oxygen and medical equipment requests must meet airlines requirements for In-flight Oxygen.				
YES NO				
6. List of Medical Equipment Being Carried				
For example, CPAP machines or VPAP, Nebulisers, Ventilators, or Oxygen (concentrator or bottles)				
When required? (tick)	Equipment Type	Make / Model	Dimensions	
				All phases of flight or landing
				Not during take-off



## 7. Other Special Services Required:

## 8. Passenger's Declaration

I understand that submission of this form constitutes written consent for Air Chathams to contact my treatment providers if required to clarify my fitness to travel and to provide Air Chathams with the information required for the purpose of determining my fitness to fly. I relieve that doctor of his/her professional duty of confidentiality in respect of such information

Name: Signature: Date:



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