Air Vanuatu

MEDICAL INFORMATION FORM - TO BE COMPLETED BY THE PASSENGER   **PART 1**

1) Family Name_____First Name_____Title_____Age _____

2) Date of Birth_____Sex_____Height_____Weight _____

3) Booking Reference _____   Proposed Itinerary-First two only required

    Airline_____ Flight No._____Date_____From_____To _____

    Airline_____ Fight No._____Date_____From_____To _____

4) Travel Agent Consultant_____Contact _____

5) What is the nature of your illness or injury? _____

6) If you are being escorted, please provide escort details: Surname/name/title: _____

    Age_____Booking Reference_____Travel Companion [ ]   Nurse [ ]   Doctor [ ]

7) Do you require a wheelchair?   For long distances [ ] WCHR
        To the aircraft door [ ] WCHS
        To the aircraft seat [ ] WCHC

7) Would you prefer?   Aisle seat   [ ]
                Seat near a toilet   [ ]

 8) Has ambulance transfer been confirmed   Departure Port   Yes [ ]   Not required [ ]
                                     Arrival Port   Yes [ ]   Not required [ ]

All ambulances have to be arranged by the treating doctor/hospital/evacuation company. Clearance for travel CANNOT be given until bookings are confirmed.

9) Has hospital admission been confirmed in the arrival port?   Yes [ ] Not required [ ]

If yes, name of hospital _____

10) Do you require oxygen in flight?   Yes [ ] No [ ]
     Oxygen cost is VUV20 000 per bottle

PASSENGER DECLARATION

I HERBY AUTHORISE _____
                              (Name of the treating doctor)

To provide the airline with the information required by those airlines 'medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information and agree to meet such physician's fees in connection therewith.

I take note that, if I accepted for carriage my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume, any special liability exceeding those conditions/tariffs.

I am prepared at my own risk to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences.

I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage.

I AGREE THAT COMPLETION OF THIS FORM DOES NOT GUARANTEE ALLOCATION OF A SPECIFIC SEAT, PRIOR TO CHECK-IN AT THE AIRPORT. (Where needed to be read by/to the passenger, dated and signed by him/her or on his/her behalf.)

Passenger Signature_____Date_____Place _____

In house use only:
Manager's Signature _   Date _____

MEDICAL INFORMATION FORM - TO BE COMPLETED BY THE TREATING DOCTOR   PART 2
Form will not be processed until all questions are answered

1) Patient's family name ___   First name_____Title_____Age ____

Date of Birth_____Sex_____Height_____Weight_____

2) Treating physician's name _

Tel./Mob._____/_____Contact After Hours_____Email _____

3) Medical diagnosis (in details) _____

_____

Date of Symptoms   Date of diagnosis   Date of surgery
_____   _____   _____

4) Prognosis for trip   Poor   [ ]   Good   [ ]   Excellent [ ]

5) Contagious or communicates disease?   Yes   [ ]   No   [ ]

6) Is the patient's condition (physical or mentally) likely to cause distress or discomfort to other passengers?
                                         Yes   [ ]   No   [ ]

7) Can your patient seat for prolonged periods in flight with the seat fully upright?   Yes [ ] No [ ]
  If no, then the patient will need a stretcher at additional cost to the patient.

8) Can your patient   Walk to and board the aircraft?   Yes   [ ]   No [ ]
                        Walk to the toilet unassisted?   Yes   [ ]   No [ ]
                        Use the aircraft toilet unassisted? Yes   [ ]   No [ ]
                        Feed them self-unassisted?   Yes   [ ]   No [ ]
   Flight attendants are unable to give special assistance with toileting and feeing.

9) Does your patient need to be accompanied? Yes   [ ]   No   [ ]
   Is a medically trained escort necessary?   Yes   [ ]   No   [ ]

10) Will oxygen be required?   Yes   [ ]   No   [ ]

   Oxygen charge VUV20 000 per bottle   2 litres/min [ ]   4 litres/min [ ]

11) Is your patient able to administer all medications in flight?   Yes   [ ]   No [ ]

Flight attendants are trained in first aid only and are not permitted to administer any injections or medications.

12) Is medical equipment to be use in flight?   Yes   [ ]   No   [ ]

Please provide details: _____

13) Have hospital admissions/ambulance transfers been confirmed in transit and arrival ports? Yes[ ] Not Required[ ]

All ambulances have to be arranged by the treating doctor/hospital/evacuation company. Clearance
for travel CANNOT be given until bookings are confirmed.

14) In your opinion, is the passenger fit to undertake the proposed trip? Yes   [ ]   No [ ]

The passenger is responsible for any fees for the completion of this form and any changes that Air Vanuatu may levy
for the provision of any equipment in flight.

Treating physician's Name: ___   Signature:_____Place: _____

Date: _____