

MEDA08 Can the patient take care of his/her own needs without assistance (meals, visits to WC etc.)?
No Yes

MEDA09 Does the patient need to be accompanied? *Please note this is not a service which can be offered by the airline and the passenger will need to provide their own companion/carer.*
No Yes

MEDA09A Does the patient have an intravenous infusion or visible medical equipment?
No Yes (If yes, please specify)

MEDA010 Does the patient need supplementary oxygen equipment in flight?

No
 Yes

If yes, state requirements: 2 or 4 litres/min flow rate, intermittent or continuous? Please remember that the aircraft cabin is a hypoxic environment.

2 litres 4 litres

Intermittent Continuous

Please note: The maximum weight of oxygen cylinders that can be carried as part of cabin baggage is 5 kilograms.

Does the oxygen cylinder weigh 5 kilograms or less?
No Yes

NB. **Jet2.com** is unable to supply oxygen. Passengers are required to carry their own.

MEDA011 Does the patient need any medication, and/or the use of special apparatus such as respirator, incubator etc?
(i) On the ground while at the airport(s)?
No Yes (If yes, specify)

MEDA012 (ii) On board the aircraft?
No Yes (If yes, specify)

MEDA013 Would the patient's condition be jeopardised by a prolonged delay or unscheduled night stop?
No Yes

MEDA014 Does the patient require hospitalisation at destination?
No Yes

MEDA015 Is there any other information the airline should know in the interests of your patient's smooth and comfortable journey:
No Yes please advise details

MEDA016 Please advise any arrangements made by the attending physician

MEDICAL CLEARANCE REQUESTS WILL NOT BE PROCESSED WITHOUT COMPLETION OF ALL DETAILS ABOVE AND BELOW. PLEASE ENSURE THAT A PROGNOSIS IS GIVEN UNDER SECTION MEDA04.

I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE THIS INFORMATION IS TRUE AND COMPLETE

Practice: _____ Telephone: _____ (in case of query)

Name: (print) _____ Signature: _____ Date: ____/____/____

Title: _____