

**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 _____ Flight 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 _____

