

CERTIFICATE OF FITNESS TO TRAVEL BY AIR

Please read notes on back of this page.

		Mr.			
1.	NAME IN FULL	Mrs Miss.			
2.	ADDRESS:				
3.	AGE:	1 diamental district			
4.	PROPOSED JOURNEY. FLIGHT No FROM TO				
	DATE:				
5.	PATIENT IS IN M	Y OPINION <i>FIT / UNFIT</i> , (cross out one), TO TR	AVEL BY AIR	
		(FOLD DOWN ALONG T			
	12 (\$1600 P) (\$1 - 15	i e n — i nami un yase es	rod		
6.	Please cross out whatever is not applicable:				
	a. Patient is a stro	etcher case.			
	b. Supplemental oxygen will be needed.				
	c. Assistance in walking to, boarding and alighting from aircraft will be required.				
	d. Any special treatment - please state:				
				- /	
	Forward to:-	Air Niugini Doctor			
		P.O. Box 7186 Boroko			
		Port Moresby			
STAI	PLE HERE		176 (8)	STAPLE HERE	
	A JOHN TO THE	(FOLD DOWN ALONG THE			
7.	CONFIDENTIAL INFORMATION Diagnosis:				
8.	-	Severity of Disability:			
9.	I certify that the patient is not suffering from a communication disease at an infective stage and is				
<i>'</i> .		t objectionable to other people by sight, smell or behaviour.			
	to the first of the control of the first first first first or the control of the				
	Date: Signed: Medical Practitioner:				
		loctor 2. Air Niugini docto			
	Address:		Phone:		

The following points are made for the guidance of the patient's Doctor.

- 1. Any patient in any degree laking in compensation should have supplementary oxygen available.
- 2. Any attendant **must** accompany the patient if more than a minimum of the attention is required or patient is a strecher case, and be responsible for carrying out any treatment during the flight with the exception of oxygen administration, which will be the responsibility of the Cabin Crew.
- 3. In case of pregnancy, carriage will not be accepted if the patient is beyond the eighth month, unless the Doctor certifies that there will be no risk of parturition during the journey.
- 4. Any equipment which may be necessary for treatment, en route (e.g. syringes, drugs, urinals. hot water bottles) must be provided by the patient.
- 5. Cabin Crew are trained only in first-aid, they are not trained to give injections and are expected to pay full attention to ordinary passengers.
- 6. The following types of cases need to be seriously considered before being assessed as fit to travel by air:
 - (i) · Psychiatric disorder *
 - (ii) Cardiac conditions (depending on severity);
 - (iii) Anaemias of severe degree;
 - (iv) Acute otitis media sinusitis, and upper respiratory infection;
 - (v) Cirrhosis of the liver; with congestive failure;
 - (vi) Contagious disease
 - (vii) Diabetes of severs degree;
 - (viii) Hypertension where the blood pressure is greater than 200/120 or where there are gross cardiac or ocular signs;
 - (ix) Lung conditions with copious or foul expectoration;
 - (x) Major epileptic disease;
 - (xi) Peptic ulcers if bleeding;
 - (xii) Pneumonias with a fortnight of attack pneumothoraces, and pulmonary tuberculosis with tubercle bacilli in the sputum;
 - (xiii) Post operative abdominals within 10 days of operation;
 - (xiv) Pregnancies beyond the eight month;
 - (xv) Skin deseass which are contagious or repulsive to others;
 - (xvi) Uncompensated heart diseases, recent coronary occlusion and angina pectoris.
- * NOTE: Psychiatric patients, whether seated or on a strether must be accompanied by a qualified attendant.
 - 7. These practices are as recommended by the international Air Transport Association.