MEDICAL CERTIFICATE OF FITNESS TO FLY



Name of Patient:	Valid date range (max. 6 months' range):		
Emergency Contact Name: (e.g. family member or doctor)	Contact No. :		
Medical Practitioner's Declaration	ment of the medical condition		
I have examined the patient and have made the following assess	sment of the medical condition.		
Please tick the following boxes as appropriate:			—
The patient is able to sit upright unassisted.		∐ Yes	L No
The patient is able to look after themselves in-flight including the	2	🗋 Yes	LI No
• self administration of medication and/or oxygen as required;			
consumption of food (crew will assist with the opening of pace			
 use of toilet facilities (crew may assist passengers to/from the Flight Attendants are not permitted to handle urine-draining 			
The patient is able to understand and follow, without assistance:		🗌 Yes	🗌 No
the safety instructions;			
emergency procedures; and			
 all instructions as directed by the crew. 		_	_
The flying is not likely to cause the patient to require emergency	medical attention	Yes	🗌 No
If the patient is unable to meet any of the above requirements, they will be required to travel with a Carer.			
Please tick below to indicate if a Travel Carer is required.			
Yes No Travel Carer required because:			
Oxygen Requirements			
The patient may adjust the oxygen during the flight			
If yes, the following must be completed:		⊥ Yes	L No
The patient may the oxygen flow settings to a maximum of as ne recognising the possible chnages in cabin pressure during flight	eded during flight,	Yes	□ No
The patient and/or Carer can appropriately see, hear and respon	nd to any applicable alarms.	🗌 Yes	🗆 No
The patient requires the use of oxygen at all times, before, during	and after flight.	🗌 Yes	🗌 No
This includes the use of oxygen while in the airport terminal, durir moving throughout the cabin of the aircraft; OR	ng take-off, landing and while	🗌 Yes	🗌 No
The patient requires the use of oxygen only during the flight		🗌 Yes	🗌 No
Other information:			
Note: If oxygen is required in flight, only the BOC Oxycare Travel Pack, Supagas Airline Travel Bag or Air Liquide Travel Pack is permitted. Only C size oxygen bottles are permitted. An approved oxygen concentrator as listed on the Rex website (www.rex.com.au) may also be used. The patient must ensure that they have sufficient oxygen for their entire journey.			
Additional medical information/comments:			
Based on the above, I hereby declare that the patient is fit to travel by air with Rex on the date(s) above with the above conditions fulfilled.			
Medical Practitioner Name*:	ID or Pr	rovider No.:	
Date*:	Contac	ct No.:	
Signature/Stamp*:			

