



The attending physician of the passenger is requested to complete & answer all questions to the best of knowledge at the time of visit and return the form to us at minimum **7 business days** prior to departure. An additional medical certificate may be required.

Please return form to Special Requests Department via fax **(514)906-5452** or email **request@airtransat.com**

## PASSENGER INFORMATION

Passenger's Name \_\_\_\_\_  
Date of birth *Day / month / year* \_\_\_\_\_  
Booking Number \_\_\_\_\_  
Routing Departure Flight *Day / month / year* Flight number: TS- (From \_\_\_\_ To \_\_\_\_ )  
Return Flight *Day / month / year* Flight number: TS- (From \_\_\_\_ To \_\_\_\_ )  
Contact Phone number ( ) \_\_\_\_\_  
Email \_\_\_\_\_

## PHYSICIAN INFORMATION

Name \_\_\_\_\_ Province/License Number \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

## MEDICAL INFORMATION

1. Medical condition (diagnosis) \_\_\_\_\_
2. Treatment, if any \_\_\_\_\_
3. Oxygen saturation (ground) \_\_\_\_\_ % on room air  
**or**  
\_\_\_\_\_ % on Oxygen by tank at \_\_\_\_\_ Lpm  
on POC at setting \_\_\_\_\_ pulse \_\_\_\_\_ continuous
4. Does the passenger need oxygen for the duration of flight?  
\_\_\_ No \_\_\_ Yes—the passenger requires oxygen at \_\_\_\_\_ Lpm  
\_\_\_ Yes—the passenger requires a POC at setting \_\_\_\_\_ pulse or \_\_\_\_\_ continuous  
(please list manufacturer/model) \_\_\_\_\_
5. Anemia \_\_\_ No \_\_\_ Yes—if yes, hemoglobin \_\_\_\_\_ g/dL
6. Respiratory condition \_\_\_ No \_\_\_ Yes—please specify: \_\_\_\_\_
7. Cardiac condition \_\_\_ No \_\_\_ Yes—please specify: \_\_\_\_\_
8. Communicable disease \_\_\_ No \_\_\_ Yes—please specify: \_\_\_\_\_
9. Behavioural/Cognitive condition \_\_\_ No \_\_\_ Yes—please specify: \_\_\_\_\_
10. Does the passenger need any medical equipment other than oxygen?  
\_\_\_ No \_\_\_ Yes—type of equipment needed (*own wheelchair, scooter, etc*) \_\_\_\_\_
11. Does the passenger need an escort? \_\_\_ No \_\_\_ Yes:  MD  RN  Family/friend
12. Can the passenger take care of his own needs on board unassisted, including meals, toilet use, etc.  
\_\_\_ No \_\_\_ Yes If no, type of help needed \_\_\_\_\_
13. Can the passenger use normal aircraft seat with seatback placed in the upright position when so required? \_\_\_ No \_\_\_ Yes
14. Other comments or information \_\_\_\_\_