

Passenger Medical Clearance Requirements for Travel

Part 1 – Guest Letter


Dear Guest,


Hinterland Aviation priorities your safety and comfort. If you have a medical condition, please consult your doctor before flying. Certain conditions may require medical clearance.

You must inform us of any medical conditions when booking and provide a completed **Medical Clearance Request Form**, signed by your doctor. This should be completed no more than 10 days before travel. You must carry a copy of this form for each flight.

We reserve the right to deny boarding if medical clearance is not provided or if travel is deemed unsafe.

Please submit completed forms to:

 **Email:** info@flyhav.com

 **Phone:** 07 4040 1333

For urgent travel, or complicated medical cases contact us at the number above.

Part 2 – Guidelines to be referred to by medical practitioner

These guidelines must be used alongside the **Hinterland Aviation Medical Clearance Request Form**. When assessing a passenger's fitness to fly, the following factors must be considered:

- **Reduced Atmospheric Pressure:** Cabin air pressure changes significantly within 15-30 minutes after takeoff and before landing. Gas expansion (30-40% at cabin altitude) may cause pain or pressure effects.
- **Reduced Oxygen Levels:** Cabin pressure is equivalent to an altitude of up to 10,000 feet, reducing oxygen partial pressure by approximately 30% compared to sea level.

Use this form to determine whether a passenger's medical condition:

- **Makes them unfit to travel, or**
- **Requires medical clearance before travel.**

If medical clearance is required, a registered medical practitioner (**AHPRA-certified or equivalent**) must complete the **Medical Clearance Request Form** before travel.

Note:

Any medical condition that prevents a passenger from safely completing the flight without requiring extraordinary medical assistance is considered **unacceptable for travel**.

Note:

At Time of Travel

If a passenger presents physically ill (e.g., coughing, vomiting or requiring first aid oxygen) in the terminal area or while boarding the aircraft, or presents other symptoms which create a reasonable concern that the passenger may not be able to complete the flight safely, or may present a risk to the safety of others, the passenger may be denied boarding and not be permitted to travel until their condition has improved and further medical clearance is obtained.

This list is not exhaustive. Passengers recovering from recent surgery or with other health concerns should seek medical advice before travel. For surgical procedures, the **day of surgery is considered day zero**.



CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
CATEGORY 1 - CARDIOVASCULAR AND CIRCULATORY CONDITIONS			
(1A) Heart attack (myocardial infarction)	NSTEMI or STEMI	Within 8-21 days (see below).	Wheelchair assistance to limit ambulation may be necessary.
	LOW RISK - within 7 days* MEDIUM RISK- not less than 10 days HIGH RISK- until stable		*In limited circumstances LOW RISK cases may be considered for travel within 3 days if all BCS criteria are met. Treating team need to provide information regarding cardiac status with MEDA form submission.
<p>As per British Cardiovascular Society Guidelines, stratify according to risk:</p> <p>High risk = EF<40% with signs and symptoms of heart failure or requiring further investigation/revascularization or device therapy- > must be discussed with Guest Contact Centre Team and travel delayed until stable</p> <p>Moderate risk = no evidence heart failure or inducible ischaemia or arrhythmia, EF>40% -> delay travel ≥10 days</p> <p>Low risk* = 1st cardiac event, age<65, successful reperfusion, EF>45%, uncomplicated and no further investigations or interventions planned.</p>			
(1B) Angina	Unstable angina.	Angina control achieved within last 14 days.	Must be able to walk at least 50m and carry out other Activities of Daily Living (ADLs) without chest pain or breathlessness, and without the need for supplemental oxygen to control symptoms.
(1C) Significant cardiac arrhythmia	Within 3 days.	Within 4-21 days	Does not include arrhythmias considered by the treating medical practitioner to be benign such as AF.



CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(1D) Heart failure (congestive cardiac failure)	Uncontrolled heart failure or requiring ventilatory support within last 14 days.	Not required if controlled.	Controlled = Must be able to walk at least 50m at normal pace and carry out other Activities of Daily Living (ADLs) without chest pain or breathlessness. In-flight oxygen may need to be considered. A heart attack (myocardial infarction) within 21 days overrides these provisions.
(1E) Cardiothoracic surgery - where the chest cavity is opened	10 days or less. (Includes CABG, valve surgery, transplants, ASD/VSD repair, lobectomy, pleurectomy, open lung biopsy etc.)	11-21 days	In assessing fitness to fly, the treating clinician must, in addition to any other assessment, confirm there is no pneumothorax and indicate this confirmation on MED-01 Part 3.
(1F) Cardiac angiography (Heart - coronary artery X-rays)	Less than 24 hours.	1-21 days	A heart attack (myocardial infarction) within 21 days overrides these provisions
(1G) Cardiac angioplasty with or without stent insertion	2 days or less.	3-21 days	A heart attack (myocardial infarction) within 21 days overrides these provisions
(1H) DVT (Deep Vein Thrombosis) or PE (Pulmonary Embolism).	4 days or less after onset.	5-21 days	Anticoagulation must be stable and oxygenation on room air must be normal.
(1I) Pacemakers and internal (implanted) defibrillators	Less than 24 hours after insertion.	1-7 days	Treating clinician must confirm there is no pneumothorax and indicate this confirmation on MED-01 Part 3.
(1J) Ablation Therapy	Less than 2 days.	2-7 days	
(1K) Pulmonary Hypertension	WHO Class IV Significant right heart failure If unstable or recent significant exacerbation (within 7 days)	WHO Class I, II or III All cases where long-term oxygen therapy is used on the ground, or where resting and exercise SpO ₂ levels at sea level are reduced (e.g. <92%)	In-flight oxygen is recommended in most cases. Altitude simulation studies may be required.
(1L) Transcatheter Aortic Valve Implantation (TAVI)	Transfemoral; 7 days or less Other approaches; 2 weeks or less	Up to 4 weeks post procedure	
(1M) Endovascular procedures (e.g. stent insertion)	2 days or less	3-21 days	



CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
CATEGORY 2 - BLOOD CONDITIONS			
(2A) Anaemia	Hb less than 9.5g/dL due to active bleeding	Hb <9.5 g/dL in chronic disease, stable	If acutely anaemic Hb level must be assessed at least 24 hours after last known blood loss and there must have been no further bleeding.
(2B) Sickle cell disease	Within 9 days of a sickling crisis.	10 days or more	Chronic disease MUST have supplemental oxygen.
CATEGORY 3 - RESPIRATORY CONDITIONS			
(3A) Pneumothorax or (occurring spontaneously or post-traumatic)	7 days or less after full lung expansion	8-21 days after full lung expansion.	Treating clinician must confirm there is no residual air in the pleural space and indicate this confirmation on Part 3.
(3B) Chronic lung diseases (COPD, emphysema, chronic bronchitis, pulmonary fibrosis, bronchiectasis etc.)	Unresolved recent exacerbation or required ventilatory support within the last 14 days. Hypoxia on the ground despite supplemental oxygen.	Where supplemental oxygen is required during the flight OR if unable to walk 50m - at slow pace, without supplemental oxygen OR recent exacerbation in last 7 days. Those with previous significant intolerance to air travel, such as in-flight emergency oxygen requirements or diversion.	In-flight supplementary oxygen may be needed. Altitude simulation studies may be required.
(3C) Asthma	Recent severe attack within 48 hours (requiring hospitalisation, or bronchodilator being required more than 3 hourly.	Recent deterioration or instability.	Must be stable with no symptoms and no infection. To carry usual medication in hand luggage.
(3D) Pneumonia	Acute, with symptoms	Within 7 days of resolution, with complications or ongoing symptoms	Note: Contagious or infectious conditions provisions may also apply. Refer Cat 8.
(3E) Tuberculosis	Untreated or within the first 2 weeks of treatment.	All cases of tuberculosis.	Treating clinician must confirm that the person is not infectious.
(3F) Lung cancer	Acute, with symptoms	Where supplemental oxygen is required during the flight OR if unable to walk 50m - at slow pace, without supplemental oxygen OR recent exacerbation in last 7 days.	In-flight supplementary oxygen may be needed. Altitude simulation studies may be required.
(3G) Bronchoscopic procedures (interventional)	7 days or less after interventional bronchoscopy (e.g. TBNA, TBB, EBUS, EBV insert)	8-14 days [NB not required for diagnostic only procedures]	Treating clinician must confirm there is no pneumothorax and indicate this confirmation on Part 3.



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CATEGORY 4 - NEUROLOGICAL AND PSYCHIATRIC CONDITIONS			
(4A) Stroke (cerebrovascular accident)	4 days or less	5-14 days	Must be self-sufficient regarding self-care and mobility, otherwise escort will be required. If within 2 weeks of CVA should receive supplemental oxygen (Refer to 10B).
(4B) Transient Ischaemic Attack (TIA)	2 days or less	3-7 days	Must be stabilised and appropriately investigated.
(4C) Seizure/Fits, including epilepsy	24 hours or less since last seizure	Within 7 days of last seizure, or if there has been a previous in-flight seizure event.	If ongoing seizure risk and/or concerns for stability, may require medical escort.
(4D) Cranial surgery	9 days or less	10-21 days	Air travel should not occur if there is any residual air within the cranial cavity, and must indicate this confirmation on Part 3.
(4E) Spinal surgery Minimally invasive (e.g. microdiscectomy) Major surgery (e.g. open decompression, multi-level fusion)	Within 3 days of surgery Within 7 days of surgery	4 or more days after surgery, with approval from surgeon. 8 or more days, up to 12 weeks from injury/surgery.	Passengers must be able to sit upright for take off and landing, and be able to tolerate unexpected turbulence and vibration associated with flight. Wounds should be healed/dry. Standard aircraft fitted life jackets may not fit passengers wearing a HALO brace - carriage of own device should be taken.
(4F) Intracerebral haemorrhage	2 weeks	2-12 weeks	Must be self-sufficient regarding self-care and mobility, otherwise escort will be required.
(4G) Head injury associated with loss of consciousness and/or skull fracture	2 days or less	2-10 days or if a seizure was associated with the head injury	No evidence of pneumocranium or current CSF leak - must indicate this confirmation on Part 3.
(4H) Significant psychiatric conditions (including mania, schizophrenia, drug induced psychosis etc)	If significant risk of deterioration inflight – including risk of harm to self or others, or behaviour that would require active medical intervention during flight.	Within 30 days of significant episode or hospitalisation.	The treating clinician should consider the possible stress of travel on the individual. Travel may be approved with a suitable medical escort, carer and/or security escort. Risk assessment required if there is any history of aggression or violence.



(4I) Dementia or other medical cause of cognitive dysfunction	If unstable OR likely to deteriorate (risk of acute behavioural problems or distress) during flight/result in harm to crew/other passengers OR if sedated to the point that self-care is not possible OR if condition is likely to require active medical intervention during the flight.	Dementia/cognitive dysfunction requiring the support of others to live within the community or residential facility.	<p>The treating clinician should consider whether the individual could manage independently in the event of an emergency and/or flight disruption, and whether they are at risk of delirium and/or disorientation during journey. Also consider any concomitant medical issues and ability to manage toileting needs.</p> <p>A carer will be required if assistance is needed in the airport, lounge, to/from ground transport, as well as inflight. Travel, fatigue and circadian rhythm change can significantly destabilise a person with dementia/cognitive dysfunction.</p>
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CATEGORY 5 - GASTRO-INTESTINAL CONDITIONS

(5A) Acute infections such as gastro-enteritis and Hepatitis A	If symptomatic and with risk of transmission of infection to other passengers or to crew		<p>See also contagious or infectious condition (Cat 8).</p> <p>Incubation and infectivity period of specific infection should be considered by the treating clinician.</p>
(5B) Open abdominal surgery (e.g., Laparotomy, Appendectomy, Hysterectomy, Bowel resection, Caesarean, Radical Prostatectomy)	7 days or less	7-14 days post operatively, or if any significant complications	<p>Passenger must be able to open bowels/pass flatus.</p> <p>Open means through full incision, rather than keyhole/laparoscopic surgery.</p>
(5C) Laparoscopic (keyhole) surgery e.g. laparoscopic appendectomy or cholecystectomy)	4 days or less	5-14 days post operatively, or if any significant complications	<p>All gas must be absorbed. Passenger must be able to open bowels/pass flatus.</p>
(5D) Diagnostic laparoscopy	Within 24 hours of procedure	1-7 days post operatively	<p>All gas must be absorbed.</p>
(5E) Gastrointestinal bleeding	Within 24 hours of bleed	1-14 days following bleed	<p>Can travel days 1-14 if there is clear evidence (e.g. endoscopic) of cessation of bleeding and Hb is stable.</p> <p>Hb more than 9.5g/dL – see condition (2A).</p>

CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
CATEGORY 6 - EYE CONDITIONS			



(6A) Penetrating eye injury or hyphaemia (bleeding into the front of the eye)	6 days or less	7-14 days, Travel Clearance Form to be completed by Ophthalmologist (Eye specialist)	Any gas in the globe must be resorbed. Does not include removal of corneal foreign body.
(6B) Retinal detachment Untreated Treated (laser surgery or injected oil)	N/A – may be able to travel within 24 hours	Up to 14 days, Travel Clearance Form to be completed by Ophthalmologist (Eye specialist)	The treating Ophthalmologist must be satisfied that there will be no deterioration during flight.
(6C.1) Intra-ocular surgery with gas	6 days or less	8-42 days <i>C3F8 gas – up to 12 weeks</i> <i>SF6 gas – up to 4 weeks</i> <i>C2F6 gas – up to 8 weeks</i>	Any gas injected into globe must be re-absorbed, specialist clearance required to confirm type of gas used and fitness to fly commercially.
(6C.2) Intra-ocular surgery without gas	Less than 24 hours	Up to 14 days post operatively	Travel Clearance Form to be completed by Ophthalmologist (Eye specialist).
(6D) Cataract surgery	Less than 24 hours	1-3 days post operatively	Travel Clearance Form to be completed by Ophthalmologist (Eye specialist).
(6E) Corneal laser surgery	Less than 24 hours	1-3 days post operatively	Travel Clearance Form to be completed by Ophthalmologist (Eye specialist).
CATEGORY 7 - EAR, NOSE AND THROAT CONDITIONS			
(7A) Otitis media (middle ear infection)	Acute illness with loss of Eustachian function (unable to clear ears)	-	Must be able to clear ears.
(7B) Sinusitis	Acute illness with sinus pain/pressure at sea level	-	Must be free of sinus pain/pressure.
(7C) Inner or middle ear surgery (including cochlear implant surgery)	9 days or less	10-14 days post operatively	Travel Clearance Form to be completed by ENT Specialist. Not required for grommets - NB anaesthetic limitations apply, see (11A)
(7D) Fractured jaw (surgically wired)	Without escort carrying appropriate cutters	Within 14 days	Suitably trained escort carrying wire cutters required.
(7E) Tonsillectomy	10 days or less*	Up to 21 days post operatively.	*Significant risk of bleeding days 1-2 and days 7-10. Travel may be considered between days 3-6 if ENT Specialist is satisfied that there will be no deterioration during flight.
CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(7F) Tracheostomy	Within 14 days of insertion	All persons with tracheostomy in situ	Must carry spare tracheostomy tube and suction device (battery operated). Must be able to change tube and manage any associated complications or be escorted by someone who can do so. Low humidity inflight may affect



			secretions, so extra moisturisation and suctioning may be required.
(7G) Rhinoplasty	Less than 7 days	8-14 days	
CATEGORY 8 - INFECTIOUS OR CONTAGIOUS CONDITIONS*			
(8A) COVID-19	Not considered fit to fly whilst there is a risk of transmission to other passengers or crew (whether as a result of active infection or possible infectious incubation).	Required if symptomatic	Hinterland Aviation does not require guests to undertake a COVID-19 test prior to departure. Some destinations may require you to provide evidence of a negative COVID-19 test prior to entry.
(8B) Varicella Zoster virus (Chicken Pox or Shingles)	If active lesions are present (all lesions must be dry/crusted)	-	Not considered fit to fly whilst there is a risk of transmission to other passengers or crew (whether as a result of active infection or possible infectious incubation). *This is not an exhaustive list of all infectious conditions – guests to consult with their healthcare provider for further advice.
(8C) Rubella (German Measles)	Within 5 days of the onset of the rash	-	
(8D) Measles	Within 7 days of the onset of the rash	-	
(8E) Mumps	Within 9 days of the onset of swelling	-	
(8F) Influenza	If symptomatic	-	
(8G) Impetigo (“school sores”)	If untreated and/or if active lesions uncovered	-	



CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(8H) Pertussis (Whooping cough)	Within 3 weeks from the onset of the whoop (if not on treatment) or within 5 days of effective antibiotic therapy	-	
(8I) Scabies	If untreated or within 1 day of treatment starting	-	
CATEGORY 9 - ORTHOPAEDICS			
(9A) Fractures (limbs) in plaster casts	Cast must be split if applied less than 48 hours prior to departure. (Fractures supported by a backslab or sling only do not require clearance)	Within 7 days of injury or surgical procedure (whichever is later)	Treating clinician to consider mobility and elevation requirements, and DVT prophylaxis. If elevation or extension of the lower limb is required, and/or there is a full leg cast or brace in situ, the seat(s) booked must be of a design/location that can accommodate the leg without aisle obstruction. Please note that guests with casts/braces or recent limb surgery cannot be accommodated in emergency exit rows.
(9B) External fixator	Less than 24 hours	Within 14 days of surgical procedure	
(9C) Arthroscopic joint surgery	Less than 24 hours	Within 7 days of surgical procedure	
(9D) Large joint replacement surgery (hip, knee, shoulder)	Less than 24 hours	Within 14 days of surgical procedure	
CATEGORY 10 - PREGNANCY AND NEWBORN			
(10A.1) Pregnancy Flights greater than 4 hours	Single pregnancy; after the 36 th week Multiple pregnancy; after the 32 nd week	Any pregnancy with complications will require a medical clearance. High risk pregnancies or where no antenatal care has been provided should have a dedicated air ambulance transport.	Risk of labour must be minimal. Note: After 28 th week of pregnancy every pregnant passenger must carry at all times, a letter dated no more than 10 days prior to travel from a doctor, or midwife outlining the following: Estimated date of confinement Single or multiple pregnancy Absence of complications Fitness to fly for duration of flight booked.
(10A.2) Pregnancy Flights less than 4 hours	Single pregnancy; after the 40 th week Multiple pregnancy; after the 36 th week		
(10B.1) Post partum – normal vaginal delivery	-	Within 5 days of normal vaginal delivery, or if any complications.	
(10B.2) Post partum – Caesarean section	7 days or less	7-14 days post operatively, or if any significant complications	See (5B)
(10C) Infancy/Newborn	Less than 48 hours old OR requires and incubator/ventilator	3-7 days or history of complications, e.g. premature birth	Risk of hypoxia if respiratory system not yet fully developed.
(10D) Miscarriage (Threatened or complete)	With active bleeding and/or pain	Within 7 days of bleeding	Must be stable, no bleeding and no pain for at least 24 hours.
(10E) Ectopic Pregnancy	With active bleeding and/or pain	Within 7 days of bleeding	Hb not less than 9.5 g/dL.
CATEGORY 10 - PREGNANCY AND NEWBORN			
CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(10F) Foetal surgery	4 days or less	5-14 days post operatively, or if any significant complications	Obstetrician must be satisfied that risk of labour and other complications are



			minimal.
CATEGORY 11 - OTHER SURGICAL OR INTERVENTIONAL PROCEDURES			
(11A) General anaesthetic	Less than 24 hours	(Depends on type of surgery – refer to specific guidance)	Treating clinician to note date and time of GA in Part 3 .
(11B) Breast surgery (including reduction and augmentation)	Less than 24 hours	2-7 days	Ensure adequate analgesia.
(11C) Plastic surgery of superficial soft tissues, muscles, and skin (Including cosmetic surgery)	Less than 24 hours	2-7 days	Ensure adequate analgesia. For procedures affecting ability to sit down; passenger must be able to sit down for take-off, landing and duration of flight if required. Clearance cannot be given for standing for extended period beyond normal in-cabin movements.
(11D) Colonoscopy/ Endoscopy	Less than 24 hours	If any procedural complications	
(11E) Transurethral Resection of the Prostate (TURP)	Less than 3 days	3–14 days post procedure	Passenger must have passed trial of void and urologist satisfied that they are at minimal risk of urinary retention.
(11F) Thyroidectomy/ hemi-thyroidectomy	Less than 5 days	5-14 days post procedure	
CATEGORY 12 - OTHER CONDITIONS AND PHYSIOLOGICAL STATES			
(12A) Supplemental oxygen required	-	Medical clearance always required. Please see additional information about oxygen.	Note: Other provisions might also apply depending upon the condition for which oxygen is required.
(12B) Anaphylaxis/ severe allergies	-	Recommended in all cases where there is a possibility of allergen exposure in the aircraft environment.	Passengers must be at a low risk of a reaction onboard. Hinterland Aviation cannot guarantee the airline environment or food will be free of specific allergens. If a passenger is carrying an auto injector device (e.g., EpiPen), they must ensure it is in their carry-on luggage and that they or an escort/carer/companion, are willing and capable of administration if required.

CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(12C) Burns	If systemically unwell (e.g. shock and/or sepsis) or with widespread infection or greater than 20% total of body surface area.	Within 7 days of burn or surgical treatment.	Consideration should be given to location of burns/wounds on pressure sensitive areas and the ability to sit for prolonged periods.



(12D) Diabetes mellitus (insulin dependent)	Unstable blood sugars Hospitalisation within 7 days for DKA.	Instability of blood sugar levels within last 14 days. Clinically significant end organ damage that may impact ability to travel.	Time zone changes, long haul flights, different foods and exercise routines can all cause control difficulties during travel. Monitor BSLs closely, diabetic meals available. Keep medication in hand luggage, including hypo kit. Advise airport security screeners of use of Insulin pump/CGM transmitter (should not be removed or exposed to x rays)
(12E.1) Dialysis; CAPD	If acutely unwell, clinically unstable or with fluid overload causing cardiorespiratory compromise.	If Hb <8.5 g/dL	Should travel with additional CAPD fluid bags in case of delays. Consider VTE prophylaxis.
(12.E2) Dialysis; haemodialysis	If acutely unwell, clinically unstable or with fluid overload causing cardiorespiratory compromise.	If Hb <8.5g/dL	Suggest dialysis the day prior to travel if possible. Consider VTE prophylaxis.
(12F) Decompression illness	Less than 3 days for the bends. Less than 7 days with neurological symptoms.	In all cases; within 10 days of completion of treatment.	Travel clearance form to be completed by specialist in Hyperbaric Medicine.
(12G) Scuba Diving	Less than 24 hours since last dive	Not required unless recent decompression illness.	Clinician to consider longer period for decompression dives or extended/multiple dives.
(12H) Chemotherapy	If acutely unwell, clinically unstable or suffering significant side effects of treatment.	If any recent complications or concerns from oncologist.	Consider consequences of immune suppression for journey. Liaise with treating oncologist for advice.
(12I) Terminal illness	Individual assessment of cases If aviation environment or travel journey may exacerbate condition (e.g. hypoxic environment, thrombotic risk etc)	In all cases.	Travel will not be approved for passengers at high risk of complications or death during flight. Medical condition may require escorts/carers or oxygen. If a Do Not Resuscitate order is in place, please advise our reservations team.



Part 3 – Medical Clearance Form

1. Personal Information				
Name:			DOB:	
Phone number:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Email address:				
2. Travel Information (to be completed by the guest)				
Booking Reference:				
International transfer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Country:	
Flight Sector(s)	Date	Flight Number	Travelling from	Travelling To
1				
2				
3				
3. (A) Medical Information (to be completed by the treating doctor)				
Hinterland Code (see part 2)	Medical Condition(s)/Diagnosis		Date of diagnosis/onset of current illness	
Hinterland Code (see part 2)	Surgical procedure(s) – if applicable		Date of procedure* (*If <24 hours; time of GA)	
Date of Discharge: ____ / ____ / ____				
Additional relevant medical information (e.g., complications, comorbidities, medications, medical events):				

3. (B) Medical Information (to be completed by the treating doctor) cont'd



Is the passenger free from contagious AND communicable disease?

Yes No (further details must be provided) Specify _____

Does the passenger meet the criteria for independent travel? Yes No

Independent Travel Criteria:

- Able to understand and respond to briefings about emergency procedures
- Does not have a mobility impairment so severe that they are unable to physically assist in his or her own evacuation of the aircraft (Unless travelling with a carer that can assist)
- Able to put on an aircraft seatbelt
- Able to put on an aircraft life jacket

Codes 4H and 4I (Psychiatric conditions) or other relevant diagnoses:

- Does the individual have a history of psychosis?
- Is the individual a risk to themselves or others?
- Do they have a history of violence?
- Is the individual currently stable on medication?
- Is the individual compliant to all reasonable instructions?
- Is the individual withdrawing from alcohol or other drugs, or at risk of doing so?
- Do they require an escort (medical or non-medical) to fly commercially?
- Any other concerns or relevant information?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

4. Assistance Requirements

a) Is a wheelchair required? Yes No

b) Is the passenger able to transfer from the wheelchair to the aircraft seat? Yes No

e) Is a medically trained escort/carer necessary? Yes No

If Yes, name and qualifications of medical escort/carer: _____

5. Oxygen Requirements

NOTE: Hinterland Aviation is not responsible for the provision of oxygen outside of requirement for in-flight emergency.

All oxygen and medical equipment requests must meet general aviation dangerous goods requirements.



1. Does your patient require oxygen during flight?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Continuous <input type="checkbox"/>	Intermittent <input type="checkbox"/>
	Flow rate _____LPM	
2. If your patient requires oxygen, are they able to see, hear, understand, and take appropriate action in response to the device's aural and visual cautions and warnings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Personal Medical Equipment Requirements

3. Does your patient intend on using medical equipment onboard, please specify which is applicable?	On the ground while at the airport? <input type="checkbox"/>
	Onboard the aircraft? <input type="checkbox"/>

NOTE: Hinterland Aviation recommends any guests requiring the use of a medical device ensure sufficient battery power is available to last beyond flight duration as power is not available in flight (e.g., 2 full batteries).

Type of device:
Manufacturer:
Battery type:

Type of device:
Manufacturer:
Battery type:

PLEASE ATTACH EQUIPMENT LIST TO THIS DOCUMENT IF PROVIDED SPACE IS INADEQUATE

Additional Information

Dear Doctor, in order to completely assess your patients fitness to fly, we appreciate you providing as much information as possible. Please provide by free text any further relevant medical information below:





7. Doctor's Declaration (To be completed by the treating doctor)

I have read and understood the Hinterland aviation and I certify that the below-named passenger has been assessed by me as fit to travel on the nominated flights. I further certify that this person does not have any medical condition that could directly place another passenger or the crew at risk and that I have explained the potential risks of air travel to them in the context of their medical condition. I understand that Hinterland Aviation staff may require further information and will contact me if required.

Please note that this form is a request for Medical Clearance to travel only, the final approval is made by Hinterland Aviation staff.

PLEASE PRINT IN CAPITAL LETTERS

I, (name of doctor).....hereby declare that to the best of my knowledge,
(name of passenger)..... is fit to travel.

Doctor's Signature	Date	Qualifications/Provider Number:

Practice/Hospital (including Name and Address):

Phone Number - Business Hours*:	After Hours Phone*:

(*Please provide numbers upon which you can be contacted to discuss the passenger's fitness to travel. Inability to contact the clinician may result in the patient not being approved for travel).

We collect your personal information in accordance with our Privacy Policy. Please refer to our Privacy Policy on our website for details on how we handle your information, including potential disclosures, how you can access your personal information, and the process for making a privacy complaint.

As a courtesy, Hinterland Aviation may notify a medical practitioner who has requested a medical clearance for a passenger if their condition deteriorates in-flight or if the level of care required results in an operational disruption. Depending on the nature of the incident, the passenger may be placed on a medical watch list to ensure appropriate medical assessment before future travel.

8. Passenger Declaration (To be completed by passenger)

I declare that the information contained on this Part 3 - Medical Clearance Request Form is accurate. I authorise Hinterland Aviation to use and release this information as required in the event of an emergency. I acknowledge that the operational airline staff are not medically trained, and that the airline cannot guarantee that I will receive appropriate medical attention in any situation. I acknowledge that Hinterland Aviation reserves the right to refuse travel, notwithstanding completion of this form, if the airline considers that it is not in my best interests to fly.

Please note; this section must be signed by the passenger or their legal guardian.

Passenger's Signature	Date