

Medical Certificate

| Conditions | | | |
|---|--|------------------------|-----------|
| A patient may travel with Sharp Airlines provided: <ul style="list-style-type: none"> They do not have a contagious disease or the disease they have is passed the contagious period. They are able to sit in an aircraft style seat with the seat back full upright They do not require any assistance getting into and out of the aircraft. They are to look after themselves in flight and do not require assistance from Sharp Airlines Crew as we do not have flight attendants on any flight. They are able to self-administer any medicines or procedures that may need to be taken /undertaken during the flight. Oxygen or air, gaseous, small cylinders that are required for medical use may be carried. | | | |
| Information | | | |
| Name of Doctor Requesting Approval | | Name of Passenger | |
| Doctors Phone | | Flight Date | |
| Doctors Fax: | | Flight Number | |
| Doctors E-mail | | ETD | |
| Passengers Departure Point | | Passengers Destination | |
| Assessment Data (To be completed by the Passenger's Medical Practitioner) | | Yes | No |
| Is the passengers condition contagious? | | | |
| Is the passengers being escorted? Escorts Name: _____ | | | |
| Is the passenger post operative? | | | |
| Does the passenger require oxygen? | | | |
| Is the passenger in or past their 36 nd week of pregnancy? | | | |
| What other information are you able to provide that will assist us in knowing what assistance to provide the passenger? | | | |
| Declaration | | | |
| I _____ declare that _____ is fit to travel by air. Signature _____ Date _____ When completed please fax to Sharp Airlines Reservations office on 03 55748258 | | | |
| Office Use Only | | | |
| I _____ as the authorised authority within Sharp Airlines, agree that the passenger listed above may travel on the Sharp Airlines flight/s shown. Signature _____ Date _____ | | | |