MEDICAL CERTIFICATE OF FITNESS TO FLY



This Medical Certificate must be completed in full, and produced at check-in and at each embarkation, by any passenger who has a medical impairment which may impact on their suitability to fly.

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Boarding may be denied if this form is not completed in full or at the sole discretion of a Rex agent or crew even when this form is produced.

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			
I have examined the patient and have made the follow Please tick the following boxes as appropriate:	wing assessment of the medical c	ondition:	
The patient is able to sit upright unassisted.		Yes	☐ No
 The patient is able to look after themselves in-fligh self administration of medication and/or oxyge consumption of food (crew will assist with the of use of toilet facilities (crew may assist passenge Attendants are not permitted to handle urine-a 	n as required; pening of packets if required); ers to/from the toilet door.Flight	Yes	□ No
 The patient is able to understand and follow, witho the safety instructions; emergency procedures; and all instructions as directed by the crew. 	ut assistance:	Yes	□ No
The flying is not likely to cause the patient to requir	e emergency medical attention.	Yes	☐ No
If the patient is unable to meet any of the above requi Please tick below to indicate if a Travel Carer is requir	red.	avel with o	a Carer.
Yes No Travel Carer required by	pecause:		
Oxygen Requirements			
The patient requires supplemental oxygen during t If yes, the following must be completed:	the flight.	Yes	∐ No
 The patient may adjust the oxygen flow setting as needed during flight, recognising the possible during flight. 		Yes	☐ No
 The patient and/or Carer can appropriately see applicable alarms. 	, hear and respond to any	Yes	□ No
 The patient requires the use of oxygen at all tim This includes the use of oxygen while in the airp landing and while moving throughout the cabir 	ort terminal, during take-off,	Yes Yes	☐ No ☐ No
 The patient requires the use of oxygen only duri Other information: 		Yes	☐ No
Note: If oxygen is required in flight, only the BOC Oxycare Travel Pack, Supagas bottles are permitted. An approved oxygen concentrator as listed on the Rex they have sufficient oxygen for their entire journey.			
Additional medical information/comments:			
Based on the above, I hereby declare that the pat above with the above conditions fulfilled.	ient is fit to travel by air with Rex	on the date	e(s)
Medical Practitioner Name:	ID or Provider No.		
Signature / Date / Stamp:	Contact No.:		