



SAS MED FORM I

## APPLICATION FOR CARRIAGE OF MEDICAL PASSENGERS

### IMPORTANT NOTE

- \*Detailed Medical Certificate must accompany this completed form.
- \*Medical Passenger Completed Application to be forwarded to the airportmanager@seaflyte.in for approval.
- \*SeaFlite does not provide any oxygen for pre -booked medical passengers.
- \*Oxygen cannot be carried by medical passengers.
- \*STRETCHER CASE. (Allowed only on selected flights.) SITTING CASE.

Passenger's last name \_\_\_\_\_ Passenger's first name \_\_\_\_\_  
SeaFlite Flight No \_\_\_\_\_ Date \_\_\_\_\_ Departure city \_\_\_\_\_ Arrival city \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
Departure contact telephone no \_\_\_\_\_ Arrival contact telephone no \_\_\_\_\_

### MEDICAL DETAILS – TO BE COMPLETED BY PASSENGER'S TREATING DOCTOR

1) Doctor's Name, Address, Tel / Fax No, Qualifications, Registration No  
\_\_\_\_\_  
\_\_\_\_\_

2) Patients' Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

3) Diagnosis & Date of onset of illness \_\_\_\_\_

4) Is the disease contagious or infectious in any form? Yes / No

5) a) Present Symptoms \_\_\_\_\_

b) Prognosis during flight \_\_\_\_\_

6) Vital Parameters (Pulse, BP, Temperature, Respiratory rate, Level of Consciousness) • Normal / Abnormal (Please Specify) \_\_\_\_\_

7) Dyspnoea Nil / On Accustomed Exertion / At Rest

8) Details of ongoing medical treatment / any special comments regarding treatment on flight  
\_\_\_\_\_

### SeaFlite Aviation Services Private Limited (SAS Pvt. Ltd.)

Registered Office : Ground Floor, Afra House, Opp Sun Rose View Apartment, Bamanwada, Vile Parle East, Mumbai - 400099, India.  
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- 9) Does patient have full control of bowels / bladder? Yes / No
- 10) Can patient eat / drink unaided? Yes / No
- 11) Can patient use aircraft toilet unaided? Yes / No
- 12) Does patient require wheelchair? Yes / No If yes which of the following?  
a) To aircraft steps  
b) To the cabin door  
c) To seat
- 13) Does patient require Doctor/Qualified Nurse/Non-Medical Escort? Yes / No
- 14) Is patient accompanied? Yes/ No If Yes, by whom\_\_\_\_\_
- 15) Have arrangements for Ambulance / Hospitalization made at departure/arrival airports?  
If yes, give details \_\_\_\_\_

Have above details been specified to passenger? Yes / No

**PASSENGER DECLARED FIT TO FLY**

SIGNATURE: \_\_\_\_\_ STAMP: \_\_\_\_\_ DATE: \_\_\_\_\_

Note: The attendant should ensure that all items / medical equipment brought on to the aircraft by the patient (needles, syringes, and unused medications) are removed at the time the patient disembarks from the aircraft

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