



AIR SEYCHELLES MEDICAL CLEARANCE CERTIFICATE DOMESTIC FLIGHTS

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Rev: 03
Issue Date: 21 Aug 24
Effective Date: 22 Aug 24

(To be Read and Understood Before Completing the Medical Clearance Certificate on the Reverse Side)

Medical Clearance Certificate: Passengers with the following medical conditions require medical clearance and company approval before being accepted for travel on an Air Seychelles domestic flight:

- a. Passengers who would require medical attention / special equipment to maintain their health during flight;
- b. Passengers who may have their medical condition aggravated during or because of the flight;
- c. Completely immobile, unstable passengers in a wheelchair;
- d. Passengers suffering from a disease, infection or condition which is believed to be actively contagious and communicable, which poses a direct threat to the health or safety of others on the flight;
- e. Passengers who require a stretcher;
- f. Passengers who require medical oxygen during flight;
- g. Passengers whose medical condition is such that reasonable doubt exists that they can complete the flight safely without requiring extraordinary medical assistance during flight; this includes but is not limited to passengers who:
 - i. Suffer from unstable medical conditions (physical or psychological)
 - ii. Suffered from recent major medical incident (heart attack, heart failure, stroke, respiratory failure)
 - iii. Require the use of battery powered medical equipment or need to undertake any medical procedure during the flight, e.g. administering injections
 - iv. Suffers from thrombophlebitis
 - v. Are traveling with an infant aged 7 days or less or a premature infant (who does not require an incubator).

Guidance for Physicians: When medical clearance is required for the conditions mentioned above, a **latest diagnosis report**, also stating that the patient is capable of completing the flight safely without requiring extraordinary medical assistance during the flight and fitness to fly, **must** be completed by the treating physician. All sections of the **Medical Clearance Certificate** must be completed accurately using “**Block**” letters, **dated, stamped and signed**. It shall be given to the patient or his escort, who shall forward the Medical Clearance Certificate via email to the MEDIF approval team, on medif@airseychelles.com, with “MEDA” in the subject section plus “flight number and date” of travel.

Processing the completed Medical Clearance Certificate:

1. Should be submitted to medif@airseychelles.com at least **72 hours before the passenger's travel date**;
2. Should be completed based on the passenger's condition **within 10 days of the passenger's travel date**; (eg: If departure date is on the 20th May, doctor's diagnosis report should be dated not before the 10th May)
3. The **Medical Clearance Certificate** should state that the passenger is **fit to travel**.
4. **All** sections should be completed **clearly, in Block letters, stamped, dated and signed** as indicated on the forms.
5. The MEDIF approval team shall review and provide approval for travel, based on the Medical Clearance Certificate.

The passenger or his escort shall hand over the approval form to the ground service agent at the time of check-in.

The Principal factors to be considered when assessing a patient's fitness for air travel are:

- Flying altitude and atmospheric pressure
- The Twin Otter aircraft flies at a cruising altitude between 1000 to 3000 feet; patients with specific medical conditions may be at risk and section 1 must be completed.
- For patients with a communicable disease or condition that could pose a direct threat to the health or safety of others on the flight, a statement must be included on the Medical Clearance Certificate, stating that the disease or infection would not, under the present conditions of the particular patient's case, be communicable to other persons during the normal course of a flight.
- The medical certificate must state any conditions or precautions that would have to be observed to prevent the transmission of the disease or infection to other persons in the normal course of a flight.

Therapeutic Oxygen: Medical cases requiring emergency oxygen on board may be accepted for travel with oxygen supply (of a maximum of 5 litres), provided by the medical team, taking into consideration the short duration of the flight and the non-pressurised aircraft. Patients requiring emergency oxygen shall always be escorted by a qualified medical personnel.

Medical Assistive Devices: Personal electronic respiratory assistive devices such as ventilators, respirators, continuous positive airway pressure machines and portable oxygen concentrators, approved by European Union Aviation Agency (EASA) may be permitted to be carried / used on the aircraft.

Stretcher Cases

- For patients required to travel on a stretcher, special medical evacuation flights (Medevac) and prior arrangements shall be made with Air Seychelles Operations Control Centre on **Tel: 4391175**.
- During the planning stage, the medical team shall confirm that at least 3 medical personnel shall be available to assist with loading and unloading of the patient at the point of departure and arrival at destination.
- Air Seychelles can accommodate **only 1** stretcher patient on any flight and the patient shall always be escorted by a qualified medical personnel plus an able-bodied adult.



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(Before completing this part, please read and understand the guidance on the front page)

(To be Completed Accurately by the Treating Physician in "Block" letters - All Sections are Mandatory)

NAME OF PASSENGER:

NIN:

DESTINATION:

Medical Diagnosis Report: (report to include date of onset of the medical problem, and patient's fitness to fly).

Section 1: DECLARATION OF ILLNESS, ACCIDENT AND / OR TREATMENT

- a) Nature and date of any surgery (if applicable): _____
- b) Prognosis for a safe trip: Good Guarded (Medical Escort Mandatory) Poor (Medical Escort Mandatory)
- c) Contagious and Communicable disease (if yes, specify): No Yes _____
- d) If c) is yes, does Air Seychelles crew/staff require any protective gear such as face masks and gloves? No Yes
- e) Intellectual Disability (if yes, specify): No Yes _____
- f) Preferred aircraft altitude (if applicable) _____
- g) Sex: _____ Age: _____ Weight: _____ Kg.

Section 2: SEATING REQUIREMENTS

- Upright (must sit upright during take-off and landing) Stretcher

Section 3: TRAVELLING WITH OXYGEN

- Option 1** – Air Seychelles provides continuous flow of oxygen on board. Tick ✓ on the required flow rate.
 2LPM 4LPM
- Option 2** - Personal Oxygen Concentrator - Type: _____ (Only EASA approved)
- Option 3** – No supplement oxygen required.



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Section 4: REQUIREMENT OF ESCORT (for stretcher cases 2 escorts – including 1 medical escort)

Option 1 – No assistance required

Option 2 - The patient needs an escort to take care of his/her needs on board, which may include administering medication, etc.

If yes, tick ✓ in relevant box: Physician Nurse Personal (Non - medical) Escort Paramedic

Note: If Personal (Non-Medical) is the escort fully capable to attend to all the above needs? Yes No

Section 5: OTHER ARRANGEMENTS

1) Wheel Chair Requirement (Tick ✓ on the required one):

- To the aircraft (WCHR) Unable to climb steps (WCHS)
 Inside the cabin (WCHC) Own wheelchair (if electric, must be dry cell operated only)

Note: WCHC / WCHS/ WCHC-STABLE passengers with a medical condition shall be accompanied by an able-bodied adult, qualified to assist with their embarkation/disembarkation; to provide them with required care during flight and assist in their evacuation.

2) Hospitalization/Ambulance Requirement: No Yes (if yes, provide telephone details below)
(Note: All hospital and ambulance arrangements must be made by the passenger)

a) Origin: _____ b) Destination: _____

3) Medication or Medical Devices Required on board: No Yes (if yes, please specify below)

4) Other Medical Information/Special Assistance Needed: _____

Section 6: Additional clinical information

- a. Anemia Yes No If yes, give recent result in grams of hemoglobin

- b. Psychiatric and seizure disorder Yes No If yes, see next page
- c. Cardiac condition Yes No If yes, see next page
- d. Normal bladder control Yes No If no, give mode of control _____
- e. Normal bowel control Yes No
- f. Respiratory condition Yes No If yes, see next page



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1. Cardiac condition
 - a. Angina Yes No When was last episode? _____
 - Is the condition stable? Yes No
 - Functional class of the patient?
 No symptoms Angina with important efforts Angina with light efforts Angina at rest
 - Can the patient walk 100 metres at a normal pace or climb 10 -12 stairs without symptoms?
 Yes No
 - b. Myocardial infarction Yes No Date _____
 - Complications? Yes No If yes, give details _____
 - Stress EKG done? Yes No If yes, what was the result? _____ Metz
 - If angioplasty or coronary bypass,
 can the patient walk 100 metres at normal pace or climb 10-12 stairs without symptoms? Yes No
 - c. Cardiac failure Yes No When was last episode? _____
 - is the patient controlled with medication ? Yes No
 - Functional class of the patient?
 No symptoms Shortness of breath with important efforts
 Shortness of breath with light efforts Shortness of breath at rest
 - d. Syncope Yes No Last episode _____
 - Investigations? Yes No If yes, state results _____
2. Chronic pulmonary condition Yes No
 - a. Has the patient had recent arterial gases? Yes No
 - b. Blood gases were taken on: Room air Oxygen _____ .LPM
 If yes, what were the results _____ pCO2 _____ pO2 _____
 Saturation _____ Date of exam _____
 - c. Does the patient retain CO2? Yes No
 - d. Has his/her condition deteriorated recently? Yes No
 - e. Can the patient walk 100 metres at a normal pace or climb 10-12 stairs without symptoms? Yes No
 - f. Has the patient ever taken a commercial aircraft in these same conditions? Yes No
 - If yes when? _____
 - Did the patient have any problems? _____
3. Psychiatric Conditions Yes No

Is there a possibility that the patient will become agitated during flight Yes No

Has he/she taken a commercial aircraft before Yes No

 - If yes, date of travel? _____ Did the patient travel alone escorted?
4. Seizure Yes No
 - a. What type of seizures? _____
 - b. Frequency of the seizures _____
 - c. When was the last seizure? _____
 - d. Are the seizures controlled by medication ? Yes No

Section 7: PASSENGER'S (or GUARDIAN'S) DECLARATION

Ihereby authorize (name of nominated physician) Doctor.....to complete this form for the purpose as indicated overleaf and in consideration thereof, I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information and agree to meet such physician's fees in connection therewith. I take note that if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of Air Seychelles and that Air Seychelles does not assume any special liability exceeding those conditions/tariffs. I am prepared at my own risk to bear any consequences which carriage by air may have for my state of health and I release Air Seychelles, its employees and agents from liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage.

I have read and understood the guidance on the front page.

Signature: _____
Date: _____

Name of the Treating physician and hospital: _____

Telephone number of hospital / physician (Mobile Preferred): _____

Signature, Stamp and Date (MANDATORY): _____

(Any false declaration will limit all liabilities on Air Seychelles.)