



## MEDICAL CERTIFICATE OF FITNESS FOR AIR TRAVEL

*This Medical Certificate must be completed in full, and produced while booking and at check-in and while boarding at each embarkation by any passenger who has a medical condition.*

### PATIENT INFORMATION

Name of Patient	
Medical Condition	
Nature of Treatment	
Departure flight number and date	
Return flight number and date	
Contact number	

### MEDICAL PRACTITIONER'S DECLARATION

The patient is able to walk unaided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient is able to sit upright unassisted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The flying is not likely to cause the patient to require emergency medical attention.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient's condition is not contagious/infectious.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient does not require oxygen support.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Travel Companion required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wheel chair required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Note: If the passenger has an infectious, contagious or communicable disease, Spicejet may in its absolute discretion disallow boarding in the best interest of the passengers and crew. In case of oxygen/ stretcher requirement please fill MEDA form.*

Medical Practitioner's Signature: \_\_\_\_\_

Registration Number \_\_\_\_\_

Contact Number \_\_\_\_\_

Stamp \_\_\_\_\_

### Indemnity Bond by Passenger

*I the undersigned \_\_\_\_\_ hereby indemnify the hold harmless SpiceJet from and against any liability arising out of any bodily injury and / or death, damage or loss that may suffer/experience and also from any damages, payments, expenses, face and cost which SpiceJet may incur directly as a result of accepting me on its Flight No. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_*

*I hereby further indemnify SpiceJet for any payments that SpiceJet makes to meet any of my expenses towards damages, loss etc for said purpose.*

Signature: \_\_\_\_\_ (Passenger)

Address: \_\_\_\_\_

(Temporary) \_\_\_\_\_

Tel. No. \_\_\_\_\_



## MEDICAL CERTIFICATE OF FITNESS FOR AIR TRAVEL FOR EXPECTANT MOTHERS

*This Medical Certificate must be completed in full, and produced while booking and at check-in and while boarding at each embarkation by any passenger who has a medical condition.*

Up to 27 weeks	Expectant mother may be accepted for travel provided that there are no prior complications. Fitness to fly certificate is not required
Between 28 up to 36 weeks	Fitness to fly certificate from treating obstetrician is required. Cases of multiple pregnancy / complicated single pregnancy are not allowed.
Beyond 37 weeks	Not accepted for travel

### PATIENT INFORMATION

Name of Patient	
Medical Condition	
Number of weeks pregnancy on departure date	
Number of weeks pregnancy on arrival date	
Departure flight number and date	
Return flight number and date	
Contact number	
Expected date of delivery.	

### OBSTETRICIAN'S DECLARATION

Pregnancy is uncomplicated.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*Note: If the passenger has an infectious, contagious or communicable disease, Spicejet may in its absolute discretion disallow boarding in the best interest of the passengers and crew. In case of oxygen/ stretcher requirement please fill MEDA form.*

I hereby declare that the passenger is currently stable and fit to travel by air.

Medical Practitioner's Signature: \_\_\_\_\_

Registration Number \_\_\_\_\_

Contact Number \_\_\_\_\_

Stamp \_\_\_\_\_

#### Indemnity Bond by Passenger

I the undersigned \_\_\_\_\_ hereby indemnify the hold harmless SpiceJet from and against any liability arising out of any bodily injury and / or death, damage or loss that may suffer/experience and also from any damages, payments, expenses, face and cost which SpiceJet may incur directly as a result of accepting me on its Flight No. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

I hereby further indemnify SpiceJet for any payments that SpiceJet makes to meet any of my expenses towards damages, loss etc for said purpose.

Signature: \_\_\_\_\_ (Passenger)

Address: \_\_\_\_\_

(Temporary) \_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_