Regional Express

MEDICAL CERTIFICATE OF FITNESS TO FLY

This Medical Certificate must be produced at check-in and at each embarkation by any passenger who has a medical condition.

Name of Patient:	Intended Flight Date(s):	Duration:
Emergency Contact Name:		Phone No.:

Medical Practitioner's Declaration

I have examined the patient and have made the following assessment of the medical condition:

Further Observations:

☐ The patient's condition is contagious.

☐ The patient requires a travel Companion as he/she is unable to sit upright in an aircraft seat or is unable to look after himself/herself in flight (including the inability to self administer any medicine/procedures that may need to be taken during the flight and feeding themselves or using the aircraft toilet if required)

Oxygen Requirements

☐ The patient requires supplemental oxygen during the flight. If yes the following to be completed:

- ☐ The patient may adjust the oxygen flow setting to a maximum of _____, as needed during flight, recognising the possible changes in cabin pressure during flight.
- ☐ The patient and/or Companion can appropriately see, hear and respond to any applicable alarms.
- ☐ The patient requires the use of oxygen at all times, before, during and after flight. This includes the use of oxygen while in the airport terminal, during take-off, landing and while moving throughout the cabin of the aircraft; OR
- ☐ The patient requires the use of oxygen only during flight.
- ☐ Other information:

Note: If Oxygen is required in flight, only the BOC Oxycare Travel Pack (C size) or an approved Oxygen Concentrator as listed on the Rex website (www.rex.com.au) may be used. The patient must ensure that they have sufficient oxygen for their ENTIRE journey.

Further medical information/comments:

Based on the above, I hereby declare that the patient is fit to travel by air with Regional Express on the date(s) above with the above conditions fulfilled.

Medical Practitioner Name:	Provider Number:
Signature / Date:	Contact Number: