

Medical Release and Oxygen Request Form

Part 1: To be completed by passenger or representative

Name:	Male/Female:
Email:	Telephone:
Itinerary: Flight Number & Date _____ or Booking Reference: _____	

Nature of Incapacitation:
Name of Travel Companion or if Escort (doctor or nurse, please specify):

Mobility Assistance	No <input type="checkbox"/>	Yes <input type="checkbox"/>		No <input type="checkbox"/>	Yes <input type="checkbox"/>
<u>Wheelchair Requested:</u>			<u>Taking your own wheelchair?</u>		
To/From aircraft	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Collapsible	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Help with stairs	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Power Driven	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Immobile:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Spillable battery	No <input type="checkbox"/>	Yes <input type="checkbox"/>
			Weight (lbs.): _____	Dimensions (in's): _____	

Medical Equipment:	
Are you taking any medical equipment with you on board? (E.g. Portable Oxygen Concentrator)	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please specify the type of equipment including make and model: _____	
Is the equipment battery-powered?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Can the equipment be switched off during takeoff/landing?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you have sufficient batteries for the duration of the flight?	No <input type="checkbox"/> Yes <input type="checkbox"/>

Hospitalization	
Have you been admitted to hospital within the last four weeks?	No <input type="checkbox"/> Yes <input type="checkbox"/>
Date of admission: _____ Date of discharge: _____	
Is hospitalization required upon arrival?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, please specify name of hospital and contact information: _____	

Passenger's Declaration: I hereby authorize _____ (name of doctor) to provide the required medical information and I agree to pay any associated fees.	
Date:	Passenger's signature (or representative):
X	



Part 2: To be completed by attending physician

Patient's Name: _____	Age: _____
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Attending Physician:	
Name: _____	
Address: _____	
Telephone: _____	Email: _____

Medical Diagnosis: _____	Fit for Travel? No <input type="checkbox"/>	Yes <input type="checkbox"/>
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Contagious and Communicable Disease?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
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Seating:		
Can patient use normal aircraft seat with seat placed in upright position as required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Can patient bend leg at the knee?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

In-Flight Oxygen:		
Does patient need supplementary in-flight oxygen?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, specify flow rate: 2L/m <input type="checkbox"/> 4L/m <input type="checkbox"/>	Continuous <input type="checkbox"/>	Intermittent <input type="checkbox"/>
Does the patient prefer to use their POC on board?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Ground Oxygen:		
Cayman Airways is not able to provide ground oxygen at an airport. If patients need oxygen while transiting through the airport, they must make their own arrangements.		
Is ground oxygen required?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
If yes, what arrangements has the patient made to provide this? _____		

Ambulance Transfer Required?
If yes, please specify name and telephone of ambulance booked at airport upon arrival. _____

Any other pertinent information in the interest of your patient? _____
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Physician's signature: X	Date and Place:
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All questions must be answered and form sent via email to GCMRESSupervisors@caymanairways.net, at least 48 hours before departure. If the form is incomplete, or has not been received within sufficient time to process request, the passenger may be denied boarding. Please contact our Reservation Department at 1-800-422-9626 or locally at 345-949-2311 for questions and fees associated with the oxygen request.

