

## Medical Information Form

If travelling from IRL/UK or Europe, fax completed form to **+353 1 886 6868** or email to **specialassistance@aerlingus.com**.  
 If travelling from USA, email completed form to **specialassistancena@aerlingus.com** or fax to **1-516-622-4287**.

		Medical Information and Physicians Statement					
<b>A</b>	<b>PASSENGER NAME</b>						
<b>B</b>	<b>PASSENGER CONTACT NUMBER</b>	Home:					
		Mobile:					
		Work:					
<b>C</b>	Date of birth		<b>D</b>	<b>SEX</b>	Male / Female		
<b>E</b>	<b>PROPOSED ITINERARY</b>	Date	Flight No.	From	To	Transfer from one flight to another often requires <b>LONGER</b> connecting time. Aer Lingus Confirmation Number (six (6) characters)	
	Departing Flight						
	Returning Flight						
<b>F</b>	<b>ATTENDING PHYSICIAN</b>						
	Name						
	Email						
	Contact Phone						
<b>G</b>	<b>NATURE OF CONDITION, ILLNESS, OR DISABILITY</b>			<b>DATE OF DIAGNOSIS</b>			
<b>H</b>	Does the passenger require Supplementary oxygen during the flight?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Please Select the rate of flow 2 Litres or 4 Litres per Min		2 Litres <input type="checkbox"/> 4 Litres <input type="checkbox"/>	Continuous Flow? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Intended Escort (Name, professional qualification). If untrained state: TRAVEL Companion						
<b>I</b>	Does the passenger require to be lifted onto the aircraft?		Own Wheelchair Yes <input type="checkbox"/> No <input type="checkbox"/>	Collapsible? Yes <input type="checkbox"/> No <input type="checkbox"/>	Power Driven? Yes <input type="checkbox"/> No <input type="checkbox"/>	Non Spillable Battery? Yes <input type="checkbox"/> No <input type="checkbox"/>	*Aer Lingus does not allow the carriage of Spillable Batteries
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Will the passenger be arriving or collected in an ambulance for departure or upon arrival? Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>K</b>	If so, please specify ambulance contact and destination address						
<b>L</b>	Can the patient use normal aircraft seat with seat back placed in the UPRIGHT position when so required?					Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>M</b>	Can patient take care of his own needs on board UNASSISTED * (including meals, visit to toilet etc.)					Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please NOTE\*

Passenger's must be able to use normal aircraft seat with seatback placed in the UPRIGHT position when so required.  
All passengers must be able to take care of their own needs onboard UNASSISTED (including meals, to and from lavatory, etc)  
Cabin attendants are NOT authorised to give special assistance to particular passengers, to the detriment of their service to other passengers.

Additionally, they are trained only in first aid and are NOT PERMITTED to administer any injection, or give medication.

**Physicians Statement**

I, \_\_\_\_\_, (MD, DO) licensed to practise medicine in the province/state of \_\_\_\_\_, certify \_\_\_\_\_ is a patient under my care. It is my professional judgment that he/she is physically able to complete an airline flight safely without requiring extraordinary medical assistance, even if the flight is of greater length than scheduled, terminates at a point other than the expected destination, or involves other irregular operations.

I further certify that the above-mentioned patient does not have a disease or infection that can be transmissible to other persons during the normal course of the flight.

(Where needed to be read by/to the passenger, dated and signed by him/her, or on his/her behalf).

<b>Physicians prognosis for trip:</b>	
<b>Passengers Signature:</b>	<b>Date:</b>
<b>Attending Physicians Signature</b>	<b>Date:</b>

<b>Section 2</b>		<b>Medical Equipment Portable Oxygen Concentrator, C-PAP, Nebulizer, Respirator, Ventilator</b>	
Device Type:		Battery Dry Cell (yes/no):	
Device Make:		If Lithium Ion, Watt Hour (Wh)Rating:	
Device Model:		Device stamped FAA Approved (yes/no):	
Serial No:			

Your device has been approved by Aer Lingus and the FAA for travel on the basis that it will not interfere with the safe operation of our aircraft. However, Aer Lingus is unable to assess the efficacy of a particular medical device when operated in an aircraft cabin environment. We therefore recommend that you consult the equipment manufacturer and your prescribing physician to confirm that your medical device is suitable for in-flight use. It is the passenger's responsibility to ensure they have 150% (One Hundred and Fifty) scheduled flight's duration in battery life

<b>Passengers Signature:</b>	<b>Date:</b>
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