



Medical Clearance Form (MED-01)

EFFECTIVE 18 DECEMBER 2009



PRIOR TO TRAVEL

1. This form is to be used by persons who have a medical condition and intend to travel on a flight operated by Virgin Blue, Pacific Blue or Polynesian Blue Airlines.
2. This form is to be completed by both the doctor and passenger with reference to the Virgin Blue, Pacific Blue or Polynesian Blue *Medical Clearance Guidelines* (MED-02).
3. All sections must be completed.
4. The *Medical Clearance Guidelines* (MED-02) specify the medical codes and medical conditions that need to be inserted (refer Section 3).
5. The *Medical Clearance Form* (MED-01) must be valid for the intended dates of travel (refer Section 4).
6. A copy of the completed *Medical Clearance Form* (MED-01) is required for each flight. Please photocopy prior to arrival at the airport.
7. If you require any medication during flight or in the airports, please ensure this is packed in your carry-on baggage.

AT CHECK-IN

8. The completed form is to be presented at time of check-in for review and will be returned to the passenger.

AT BOARDING

9. A copy needs to be given to cabin crew by the passenger when boarding the flight (a separate copy is required for each sector).
10. A copy is to be retained by the passenger.

1. PERSONAL INFORMATION (TO BE COMPLETED BY THE PASSENGER)	
PASSENGER DETAILS	
NAME	
PHONE NUMBER	
EMERGENCY CONTACT DETAILS	
NAME	
ADDRESS
PHONE NUMBER	
MOBILE NUMBER	

2. TRAVEL INFORMATION (TO BE COMPLETED BY THE PASSENGER)				
RESERVATION NUMBER(S)				
FLIGHT SECTOR	DATE	FLIGHT NUMBER	TRAVELLING FROM	TRAVELLING TO
1				
2				
3				
4				



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3. MEDICAL CONDITION (TO BE COMPLETED BY THE TREATING DOCTOR)

CODE		MEDICAL CONDITION	
CODE		MEDICAL CONDITION	
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IF APPLICABLE, DETAILS OF A CONDITION NOT SPECIFIED IN THE MEDICAL CLEARANCE GUIDELINES:

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ADDITIONAL MEDICAL INFORMATION WHICH MAY ASSIST IN THE CARE OF THE PASSENGER IN THE UNLIKELY EVENT OF AN EMERGENCY DURING FLIGHT OR AT THE AIRPORT:

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ALLERGIES	
MEDICATION	
IF APPLICABLE, DATE OF ANY RECENT SURGICAL OPERATION	

4. MEDICAL CLEARANCE (TO BE COMPLETED BY THE TREATING DOCTOR)

I, (name of doctor)..... hereby declare that to the best of my knowledge, (name of passenger)..... is fit to travel.

Doctor's Signature	Date	Date Clearance Valid Until

PRACTICE NAME		
PHONE NUMBER	Business Hours	After Hours
ADDRESS	
	

5. PASSENGER DECLARATION (TO BE COMPLETED BY THE PASSENGER)

I declare that the information contained on this Medical Clearance Form is accurate. I authorise Virgin Blue, Pacific Blue and Polynesian Blue to use and release this information as required in the event of an emergency. I acknowledge that Airline staff are not medically trained and that the Airline cannot guarantee that I will receive appropriate medical attention in any situation. I acknowledge that Virgin Blue, Pacific Blue and Polynesian Blue reserve the right to refuse travel, notwithstanding completion of this form, if the Airline considers that it is not in my best interests to fly.

Passenger's Signature	Date