

## MEDICAL INFORMATION FORM

### For Travel Companion Program with Harbour Air Group

**If Passenger and / or Patient below is already registered in Air Canada and or WestJet program,** please attach a copy of your completed medical form along with a blank copy of this form and fax or email it to contact information at the bottom of this form.

**Note:** Care giver must fill in passenger name, DOB, and contact number before emailing or faxing it to ULTIMA.

### PASSENGER

Passenger (patient's) name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Contact Tel #: \_\_\_\_\_

Booking reference: \_\_\_\_\_

Date of Travel: \_\_\_\_\_

### PHYSICIAN

Attending Physician: \_\_\_\_\_

Country/Province of Registration: \_\_\_\_\_

License #: \_\_\_\_\_

Tel #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

### HEALTH CONDITION

**DIAGNOSIS:** \_\_\_\_\_

Is the condition resolved/stable? \_\_\_\_\_

Current symptoms & severity: \_\_\_\_\_

Nature & date of any treatment  
or surgery: \_\_\_\_\_

## DECLARATION OF ILLNESS, ACCIDENT OR TREATMENT

*\*\* All passengers must be able to walk without assistance*

### COGNITIVE DISABILITIES:

- a) Is there a possibility that the passenger will become agitated during the flight causing significant distress to themselves and possibly others? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
- b) Does the passenger/patient require an attendant to travel? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
- c) Medical reason why passenger/patient is unable to travel alone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d) Duration: is this disability a long-term, permanent condition? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If temporary, then for how long? 1 month \_\_\_\_\_ 3 months \_\_\_\_\_ 6 months or other \_\_\_\_\_
- Notes: \_\_\_\_\_  
\_\_\_\_\_

### CHRONIC PULMONARY/CARDIAC CONDITIONS:

- a) Chronic Pulmonary/Cardiac condition: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
- b) Can the passenger/patient tolerate mild exertion - example, walk 100 meters at a normal pace or climb 10 to 12 steps without symptoms? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

### TRAVELLING WITH OXYGEN:

Due to the Harbour Air's unique aircraft type we do not have approved seating that a passenger's personal oxygen tank or concentrator can be used during flight. Most flights are under 35 minutes.

### OTHER RELEVANT MEDICAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROGNOSIS FOR A SAFE TRIP:** **Good:** \_\_\_\_\_ **Poor:** \_\_\_\_\_

**Physicians Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** Personal/Medical information disclosed on this form is strictly confidential and will be reviewed only by an Aviation Physician at Ultima Medical Services Inc. Ultima Medical Services will send a completed & signed form stating "Fit to Fly- With/Without an Escort" to the flight personal at Harbour Air.

**Note to Physician:** Send completed form to Ultima Medical Services Inc.

**E-mail:** ums@ultimamedical.com or **Fax:** (604) 270 3306