

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) 270-5546