

Qantas Group Medical Travel Clearance Guidelines

Airline travel has some unique features which must be considered by passengers with medical conditions to ensure a safe and comfortable flight.

Key features that a passenger and their treating medical practitioner must consider are:

Oxygen: The commercial aircraft cabin is pressurised to a level that is equivalent to being up to 8,000 ft altitude reducing the amount of oxygen available to breath. Healthy people have no problems at these altitudes but passengers with anaemia, or heart and lung conditions may be at risk and supplemental oxygen may be required or travel delayed until their condition has improved. Severe or complex cases may need to have altitude simulation studies to ensure their safety during the flight.

Advanced medical care: The aircraft cabin is a closed environment where access to advanced medical care may not be possible for many hours depending on the flight path. Qantas flight attendants are trained in first aid and our aircraft carry doctor's medical kits and heart defibrillators, but complex medical assessment and treatment is not possible on board. If a passenger is at risk of an illness or complication in flight, they should consider delaying their flight or flying with a medical escort.

Detailed guidance for both passengers and their doctors is provided below. In developing these guidelines Qantas has considered the IATA Medical Manual and consulted with specialists in the relevant fields.

Diagnosis/Condition	Not suitable for travel	Travel Clearance Form required	Comments for treating Doctor
Group 1 – Cardiovascular and related conditions including blood conditions			
Angina	Unstable angina	Control achieved only recently (within 14 days)	Must be stable and no angina at rest. Must be able to ambulate at a moderate pace 50m on flat ground without chest pain or breathlessness.
Post-STEMI or NSTEMI (Myocardial infarction/heart attack)	NSTEMI or STEMI within last 7 days*	Within 8-21 days or if complications	*May consider travel from 3 days if low risk (e.g. Following successful reperfusion as part of treatment received, first event, younger age, uncomplicated with no planned further intervention, satisfactory functional testing and EF>45%).
Cardiac failure (congestive cardiac failure)	Uncontrolled heart failure or required ventilatory support within the last 14 days	Not required if controlled*	*Controlled – must be able to ambulate at a moderate pace 50m on flat ground without chest pain or breathlessness.
Serious cardiac arrhythmia	Within 7 days	Within 8-21 days	Does not include benign arrhythmias.

Diagnosis/Condition	Not suitable for travel	Travel Clearance Form required	Comments for treating Doctor
Group 1 – Cardiovascular and related conditions including blood conditions (continued)			
Pacemakers and internal (implanted) defibrillators	Within 24 hours	Within 7 days	No evident of pneumothorax on chest x-ray.
Coronary Angiogram	Less than 24 hours	21 days	A myocardial infarction (heart attack_ within 21 days overrides these provisions. Hb > 8.5 g/L
Angioplasty with or without stent	2 days or less	21 days	Good outcome with no complications. No significant anaemia.
Cardiac Surgery – where the chest cavity is opened	9 days or less	10-21 days (CABG and Valve surgery)	In assessing fitness to fly, the treating surgeon must in addition to any other assessment; view a chest x-ray to confirm that there is no air in the pleural space.
Pulmonary Hypertension	WHO Class IV Significant right heart failure	WHO Class I, II, III	Oxygen is recommended in most cases or consider specialist assessment.
DVT/Pulmonary embolism or at risk of DVT	Onset 4 days or less	5-21 days	Anticoagulation stable and PAO2 normal on room air. Prophylaxis as indicated.
Anaemia	Hb < 8.5 g/dL Active bleeding	Chronic disease Hb < 8.5 g/L chronic stable disease	If acutely anaemic, Hb level should be assessed more than 24 hours after last blood loss, which must have ceased. Consider oxygen requirements.
Sickle cell disease	Sickling crisis in previous 9 days	10 days and over	Always require supplemental Oxygen.
Group 2 – Respiratory Conditions			
Pneumothorax Haemo – pneumothorax (As a result of chest trauma or occurring spontaneously)	7 days or less after full lung expansion	8-21 days after full lung expansion	Lung expansion should be assessed by chest x-ray, ensuring no air in pleural space.
Open chest surgery (non-cardiac)	14 days or less	15-18 days, experiencing symptoms or complications	e.g. lobectomy, pleurectomy, open lung biopsy. No evidence of pneumothorax on Chest x-ray.

Diagnosis/Condition	Not suitable for travel	Travel Clearance Form required	Comments for treating Doctor
Group 2 – Respiratory Conditions (continued)			
Pneumonia	Acute, with symptoms	Within 7 days of resolution – complications or ongoing symptoms	Fully resolved or, if x-ray signs persist, must be symptom free.
COPD, emphysema, pulmonary fibrosis, pleural effusion and haemothorax	Cyanosis on the ground despite supplementary oxygen. Unresolved recent exacerbation/or required ventilatory support within the last 14 days	If unstable or poor exercise tolerance of less than 50 metres. Recent exacerbation (7 days)	Supplementary oxygen may be required in flight. Altitude simulation studies may be needed.
Asthma	Recent severe attack within 48 hours (requiring hospitalisation)	Severe episode or recent hospitalisation discharge (with 48 hours), recent deterioration or instability.	Must be stable and have medication with them.
Group 3 – Neurological Conditions			
Transient Ischaemic Attack (TIA)	Within 2 days	3-7 days	Must be stabilised
Stroke (cerebrovascular accident)	Within 3 days	4-14 days	Must be self-sufficient otherwise escort/carer required. Supplemental oxygen should be considered within 2 weeks of CVA.
Epilepsy/Fitting/Seizures	Less than 24 hours or unstable	Within 7 days of last fit.	In case of ongoing seizure risk, travel may be approved with escort and treatment plan.
Cranial surgery	9 days or less	10-21 days	Air travel should not occur if there is any residual air within the cranial cavity. Imaging may be required for early travel.
Spinal surgery – minimally invasive (e.g. micro-discectomy)	≤ 3 days after surgery	≥ 4 days with surgeon clearance	Wound should be stable and able to tolerate unexpected turbulence and vibration associated with flight.

Diagnosis/Condition	Not suitable for travel	Travel Clearance Form required	Comments for treating Doctor
Group 3 – Neurological Conditions (continued)			
Spinal surgery (major surgery e.g. open decompression)	≤ 8 days after surgery	≥ 9 days up to 12 weeks of injury or surgery	Wound should be stable and able to tolerate unexpected turbulence and vibration associated with flight. Standard aircraft fitted life jackets may not fit patients who are wearing a HALO brace. Carriage of own device should be considered.
Significant psychiatric conditions (e.g. mania, schizophrenia, drug induced psychosis)	If unstable or likely to deteriorate during flight/result in harm to self/ crew or other passengers OR if sedated that self-care is not possible OR that the conditions would require active medical intervention during the flight.	Currently stable but where there has been an instability, non-compliance, deterioration or hospitalisation within 14 days. Risk assessment if any history of aggression or violence may be required.	The certifying medical practitioner should consider the possible stress of travel on the individual. Travel may be approved with a suitable medical escort/carer and/or security escort. Risk assessment if any history of aggression or violence may be required.
Head injury associated with loss of consciousness or skull fracture	Within 2 days if there have been seizures	Within 14 days of last injury or last seizure or any penetrating injury	No evidence of pneumocranium.
Dementia or other medical cause of cognitive dysfunction (e.g. Alzheimer's Disease, Vascular Dementia, Dementia with Lewy Bodies)	If severe dementia e.g. risk of acute behavioural problems that would be difficult to manage in-flight even with a carer.	Dementia requiring support of others to live within the community or living in residential facility. May be able to travel with an escort – review guidance for when a carer is required here . A carer would also be required if assistance is required in the airport lounge, arrival, getting transport, and not just in-flight.	Travel, circadian rhythm change and fatigue can significantly destabilise a person with dementia. Certifying doctor to consider whether the individual could manage independently in the event of an emergency and/or flight disruption, and whether they are at risk of delirium and/or disorientation during journey. Also consider any concomitant medical issues and ability to manage toileting needs.

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Group 4 – Gastro-intestinal Conditions			
Open abdominal surgery (e.g. Laparotomy, Hysterectomy, Cholecystectomy, Hepatectomy, Colectomy, Caesarean, Radical Prostatectomy)	10 days or less	11-14 days or if complications persist	Open surgery means through a full incision not 'keyhole' or laparoscopic. Passenger must be able to open bowels/pass flatus.
Laparoscopic surgery (Keyhole procedure e.g. Laparoscopic Appendicectomy)	4 days or less	Only if there are complications	e.g. tubal surgery. All gas must be absorbed.
Investigative Laparoscopy	Less than 24 hours	Procedure within 1-4 days	All gas must be absorbed.
Gastrointestinal Bleed	Less than 24 hours following bleed	Up to 14 days following bleed	Endoscopic or clear evidence (i.e. Hb has continued to rise to indicate bleeding has ceased) Hb level must be sufficient for air travel.
Group 5 – Ear, Nose and Throat Conditions			
Otitis media and sinusitis	Acute illness or with loss of Eustachian function	~	Must be able to clear ears
Inner or Middle ear surgery	9 days or less	10-14 days with medical clearance from treating ENT specialist	Must be able to clear ears. Includes cochlear implant insertion.
Insertion of Grommets	~	~	Consider anaesthetic guidance (Group 9)
Fractured jaw (surgically wired)	Without an escort carrying appropriate cutters	Travel can be permitted without an escort or cutters, if quick self-release wiring has been used.	~
Tonsillectomy – Flights less than 2 hours	< 24 hours, any bleeding or complications	1-10 days with ENT clearance	Bleeding secondary to wound infection should be considered.
Tonsillectomy – Flights greater than 2 hours	21 days or less	Not applicable	Bleeding secondary to wound infections should be considered.

Diagnosis/Condition	Not suitable for travel	Travel Clearance Form required	Comments for treating Doctor
Group 6 – Eye Conditions			
Intra-ocular surgery with gas	< 7 days	8-24 days requires specialist clearance	Any gas injected into globe must be reabsorbed (may be up to 6 weeks).
Intra-ocular surgery without gas	< 24 hours	2-14 days requires specialist clearance	~
Penetrating eye injury, retinal detachment or Hyphaema (bleeding into front of the eye)	6 days or less	7-14 days and must be provided by an Ophthalmologist (Eye Surgeon)	Does not include removal of a foreign body from the Cornea. All gas in globe must be reabsorbed.
Cataract surgery	Less than 24 hours	1-3 days and must be provided by an Ophthalmologist (Eye Surgeon)	~
Corneal laser surgery	Less than 24 hours	1-3 days	~
Group 7 – Pregnancy and Newborn			
Pregnancy – Flights greater than 4 hours	Single pregnancy – after the 36 th week Multiple pregnancy – after the 32 nd week	Any pregnancy with complications will require a medical clearance	Risk of labour must be minimal. High risk pregnancies or where antenatal care has been provided should have a dedicated air ambulance transport.
Pregnancy – Flights less than 4 hours	Single pregnancy – after the 40 th week Multiple pregnancy – after the 36 th week		
Miscarriage (threatened or complete), ectopic	With active bleeding and/or pain	Within 7 days of bleeding	Must be stable, no bleeding and no pain for at least 24 hours. Must be haemodynamically stable. Hb not less than 8.5 g/dL
Newborn/Infant	Less than 48 hours old OR requires a ventilator or incubator	3-7 days or history of complications or premature birth	Risk of hypoxia if respiratory system not fully developed.
Group 8 – Orthopaedic Conditions			
Fractures/Plaster casts	Must be split if applied less than 48 hours prior to departure	Within 7 days	Fractures supported by a back slab or sling are exempt. Consider DVT prophylaxis.

Diagnosis/Condition	Not suitable for travel	Travel Clearance Form required	Comments for treating Doctor
Group 8 – Orthopaedic Conditions (continued)			
Arthroscopic joint surgery	~	~	Refer Anaesthetics Consider mobility requirements.
Large joint replacement surgery (e.g. hip, knees, shoulders)	~	Within 14 days and must be provided by treating Orthopaedic Surgeon	Consider DVT prophylaxis.
Group 9 – Other Conditions and Physiological states			
Anaesthetics	≤ 24 hours of having a general anaesthetic	≥ 24 hours of having a general anaesthetic where medical condition contraindicates travel within this time	Refer to specific medical conditions guidelines to determine fitness to travel.
Anaphylaxis/allergies		Passengers must be at low risk of a reaction on board. Qantas cannot guarantee the airline environment for food will be free of specific allergens. If a passenger is carrying an auto injector device e.g. EpiPen®, they must ensure it is in their carryon luggage and that they or an escort/carer/companion, are willing and capable of administering it if needed.	
Burns	If systemically unwell (e.g. shock and/or sepsis) or with widespread infection or greater than 20% total of body surface area.	Within 7 days of burn or surgical treatment	Consideration should be given to wounds on pressure sensitive surfaces such as the buttocks, feet and back.
Breast surgery (Augmentation or reduction procedures)	< 24 hours	Within 2-4 days	Ensure adequate analgesia.
Plastic surgery of superficial soft tissues, muscles and skin	< 24 hours	Within 2-4 days	Ensure adequate analgesia.
Scuba diving	Not within 24 hours last dive	Not required after 24 hours unless recent decompression sickness	Consider longer period for decompression dives for extended/multiple dives.
Decompression sickness (bends)	≤ 3 days for the bends ≥ 7 days with neurological symptoms	In all cases within 10 days of completing treatment	Medical clearance must be provided by specialist in hyperbaric medicine.

Diagnosis/Condition	Not suitable for travel	Travel Clearance Form required	Comments for treating Doctor
Group 9 – Other Conditions and Physiological states (continued)			
Terminal illness	If aviation environment or process of travel may exacerbate condition (e.g. Hypoxic environment, tumult of travel, thrombotic risk etc.)	All cases	Medical conditions may require stretcher, escorts/carers or oxygen. Will not accept passengers at high risk of complications during flight. If a 'Do Not Resuscitate' order is in place for a passenger travelling with a terminal illness, an escort/carer may be required – please contact our Specific Needs team.
Group 10 – Contagious and Infectious Diseases			
COVID-19 NOTE: All international passengers requesting a COVID-19 vaccine exemption or a past positive medical clearance for travel should follow the instructions on the COVID-19 travel clearance page	Current COVID-19 case at high risk of infection transmission to others (e.g. within at least the first 5 days of a positive COVID-19 test, or positive COVID-19 test with current symptoms)	If unsure	Travel not recommended during early or symptomatic infection with COVID-19 illness due to a higher risk of transmission to other passengers. Recommend follow advice from relevant public health authorities including use of masks to reduce transmission risk where applicable.
Chicken Pox (including shingles)	If active lesions present	If unsure, or if non-dermal complications are present.	All lesions must be dried and crusted.
Conjunctivitis (bacterial)	If eye still discharging pus, and not improving on antibiotics and/or extra-ocular involvement	If unsure	Must be treated buy appropriate antibiotic drops/ointment and be responding.
German Measles (Rubella)	Within 5 days after the onset of the rash	If rash persisting after 5 days	~
Impetigo ('School sores')	If not on treatment or if blisters uncovered	If unsure	Travel not recommended unless on appropriate treatment and covered in watertight dressings.
Influenza	If symptomatic (e.g. Fever, cough, aches and pains)	If unsure	Travel not suitable for those displaying obvious signs of influenza/unwell.

Diagnosis/Condition	Not suitable for travel	Travel Clearance Form required	Comments for treating Doctor
Group 10 – Contagious and Infectious Diseases (continued)			
Measles	Within 7 days after onset of rash	If rash is persisting after 7 days	~
Mumps	Within 9 days after onset of swelling	If swelling is still present after 9 days or unwell	~
Scabies	If not treated or within 1 day of treatment starting	If on treatment for scabies	Travel not suitable until day after treatment has begun.
Tuberculosis	If infectious	All cases of tuberculosis. Passengers with tuberculosis will not be cleared for travel until their treating practitioner can confirm that they are not infectious.	Generally, require 3 negative sputum samples. Multidrug resistant TB may require specialist transport.
Whooping Cough (Pertussis)	Within 3 weeks from the onset of the whoop (if not on treatment) or within 5 days of effective antibiotic therapy	If ongoing effective antibiotic therapy longer than 5 days	May travel after 5 days of effective antibiotic therapy

Qantas Group Medical Travel Clearance Form – Part A

Prior to travel

1. This form is to be used by passengers whom have a medical condition and intend to travel on a flight operated by Qantas Group of Airlines including its subsidiaries.
2. This form is to be completed by the treating medical practitioner ensuring the Travel Clearance Guidelines are referred to assist in making a determination if a passenger is fit to travel by air.
3. If the Travel Clearance Guidelines indicate further information is required, a corresponding Part B form must also be completed by the treating medical practitioner.
4. A copy of the Travel Clearance form must be returned to Qantas at least 5 days prior to the proposed date of travel. All sections must be completed.
5. Please return both Part A and Part B (where required) to:
E: specialhandling@qantas.com.au or
F: [+61] 2 9490 1830
6. If you as the medical practitioner believe that special consideration should apply to an individual patient, you should contact Qantas Specific Needs on 1800 177 474 within Australia, or [+61] 2 9123 7471 to discuss with one of our Medical Team.

1. Passenger details

To be completed by the passenger.

1.1	Name:
1.2	Age:
1.3	Phone Number:
1.4	Email Address:

2. Travel Information

To be completed by the passenger.

2.1	Booking reference:			
2.2	Flight details:			
Flight sector	Date of flight (dd/mm/yy)	Flight number (e.g. QF510)	Travelling from	Travelling to
1				
2				
3				
4				

3. Medical Information

To be completed by the treating Doctor.

Non-completion of this section will result in this form being returned, which may cause a delay in travel.

3.1	Medical condition:		
3.2	Is this a Cardiopulmonary, Oncological, Neurological or Psychiatric condition? If yes, additional clinical information is required. Please complete 'Part B' of this form. <i>(Non-completion may result in a return of this form and possible delay in travel)</i>	YES	NO
3.3	Date of diagnosis: <i>(Including onset of current illness, episode, accident and treatment)</i>		
3.4	Surgical procedure (if applicable): <i>(Please indicate if Open versus Minimally Invasive/Keyhole)</i>		
3.5	Date of surgery:		

4. Oxygen Requirements

To be completed by the treating Doctor

4.1	Is supplemental oxygen required in-flight? If yes, what flow rate is required: 2L/min Intermittent 2L/min Continuous 4L/min Intermittent <input type="radio"/> 4L/min Continuous <input type="radio"/>	YES <input type="radio"/>	NO <input type="radio"/>
4.2	Is passenger travelling with their own oxygen? If yes, are they travelling with: Oxygen Cylinder: Size B or Size C <i>(Please refer to Qantas Medical support equipment list)</i> Note: <i>Own cylinders can only be used on domestic services and must only be supplied by Air Liquide, BOC, Supagas or Coregas.</i> Portable oxygen concentrator (POC): Make: Model:	YES <input type="radio"/>	NO <input type="radio"/>
4.3	Will you be using a battery operated POC? <i>(Battery operated POC required for all domestic flights and some international flights depending on aircraft type)</i>	YES <input type="radio"/>	NO <input type="radio"/>

5. Assistance Requirements

To be completed by the treating Doctor

5.1	Is a wheelchair required to the aircraft door/seat? If yes, is the wheelchair required to the aircraft:	YES <input type="radio"/> NO <input type="radio"/> Door <input type="radio"/> Seat <input type="radio"/>
5.2	Is a carer required in-flight to assist with eating, medications and toileting? Name of non-medical escort carer:	YES <input type="radio"/> NO <input type="radio"/>
5.3	Is a medically trained carer (medical escort) necessary? If yes, name and medical qualifications must be completed: Name of Escort: Qualifications of Escort:	YES <input type="radio"/> NO <input type="radio"/>
5.4	Is a stretcher, humidicrib or other medical equipment required? If yes, please specify: Stretcher* <input type="radio"/> Humidicrib* <input type="radio"/> Other^ <input type="radio"/> If other, what other type of medical equipment^: <i>(*An ambulance is required for all stretcher and humidicrib cases, clearance cannot be provided until ambulance bookings are confirmed)</i> <i>(^All electrical medical equipment must be approved as per the Qantas Medical equipment list)</i>	YES <input type="radio"/> NO <input type="radio"/>

6. Additional Clinical Information

To be completed by the treating Doctor.

If yes, complete 'Part B'

6.1	Cardiopulmonary	YES <input type="radio"/> NO <input type="radio"/>
6.2	Cancers	YES <input type="radio"/> NO <input type="radio"/>
6.3	Neurological	YES <input type="radio"/> NO <input type="radio"/>
6.4	Psychiatric	YES <input type="radio"/> NO <input type="radio"/>

7. Doctors Declaration

To be completed by the treating Doctor

I have read and understood the Qantas Group travel Clearance Guidelines and I certify that the above-named passenger has been assessed by me as fit to travel on the nominated flights. I further certify that this person does not have any contagious disease that could directly place another passenger or the crew at risk, or that would contravene relevant Quarantine or Public Health Departments regulations.

I, (name of doctor) _____ hereby declare that to the best of my knowledge,

(name of passenger) _____ is fit to travel.

(As a courtesy, Qantas may notify any doctor who clears a passenger for travel if the condition of the passenger deteriorates in-flight, or if the level of care required for that passenger results in an interruption to normal operations.)

Doctor's signature:

Doctor's qualifications:

Date:

Practice/hospital ward contact details:
(business hours)

After hours contact number:

8. Passengers Declaration

To be completed by the passenger

I declare that the information contained on this Part A and Part B (where applicable) is complete and accurate. I authorise Qantas 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 Qantas reserves the right to refuse travel, notwithstanding completion of this form, if the airline considers that it is not in my best interest to fly.

Passenger signature:

Date:

Qantas Privacy Collection Notice

Qantas collects information about you (including health information where necessary) to provide products and services to you, facilitate your participation in our and other organisations' loyalty programs, ensure the safety and security of all passengers when travelling with us, conduct marketing activities for our and third parties' products and services and conduct market research.

We may collect your personal information from people who make or update your travel booking or otherwise interact with us on your behalf, from our related bodies corporate and Jetstar branded entities, from our service providers and from immigration, customs, border security and other regulatory authorities. Some of the information we collect is required under the Customs Act 1901 (Cth). If the information is not provided, we may not be able to provide the service requested.

For the reasons described above, we may disclose your personal information to:

- our related companies, other carriers and organisations which provide services to us (such as ground handling and other travel related services, call centre operation, market research and marketing services, and services associated with complaints or security incident investigation);
- your employer if you are travelling for work purposes on a ticket purchased by your employer*; and
- others to comply with our legal obligations, including to various law enforcement agencies, regulatory authorities and governments for security, customs and immigration purposes.

These parties may be located overseas including in the United Kingdom, the United States, Germany and any country which you travel to or through with us or our partner airlines.

Our privacy policy is available at qantas.com and it contains more information about the above and how you can seek access to, and correction of, your personal information. It also explains how you can complain about a breach of your privacy and how we will deal with your complaint. You can contact us by writing to Qantas Customer Care at 10 Bourke Road, Mascot, NSW, 2020.

**The information disclosed to your employer may include your travel details and any information associated with your travel (such as incident reports).*

Qantas Group Medical Travel Clearance Form – Part B

1. Cardiopulmonary

1.1	Is the condition stable?	YES	NO <input type="radio"/>
1.2	When was the last episode or event? Date:		
1.3	SaO2 (room air) %:		
1.4	Exercise tolerance (Can the patient walk at a moderate pace 50m or climb 10-12 stairs without symptoms?):	YES	NO <input type="radio"/>
1.5	Stress ECG undertaken? If yes, please provide the results:	YES	NO <input type="radio"/>
1.6	Is the patient controlled with medication?	YES	NO <input type="radio"/>
1.7	Recent arterial gases?	YES	NO <input type="radio"/>
1.8	Does the patient retain CO2?	YES	NO <input type="radio"/>
1.9	Have they required ventilatory support within the last 14 days?	YES	NO <input type="radio"/>

2. Cancers

2.1	Stage classification: Stage I <input type="radio"/> Stage II <input type="radio"/> Stage III <input type="radio"/> Stage IV <input type="radio"/>		
2.2	Evidence of metastatic disease in brain or lungs?	YES	NO <input type="radio"/>
2.3	Any evidence of seizures?	YES	NO <input type="radio"/>
2.4	Is respiratory disease or symptoms?	YES	NO <input type="radio"/>
2.5	Has there been a recent/significant deterioration?	YES	NO <input type="radio"/>
2.6	Patients short-term prognosis:		
2.7	Are there any compassionate reasons for travel?	YES	NO <input type="radio"/>

3. Neurological

3.1	Does this patient have seizures?	YES	NO <input type="radio"/>
3.2	When was the last seizure?		
3.3	Frequency of seizures: Daily <input type="radio"/> Weekly <input type="radio"/> More than 1 a month <input type="radio"/>		
3.4	Are the seizures controlled by medication?	YES	NO <input type="radio"/>
3.5	Date of head injury:		

3.6	Loss of consciousness?	YES	NO <input type="radio"/>
3.7	Base of skull fracture <input type="radio"/> Subdural haematoma <input type="radio"/> Subarachnoid haemorrhage <input type="radio"/>		
3.8	Evidence of pneumocranium?	YES	NO <input type="radio"/>
3.9	Evidence of CT scan cranium free of air?	YES	NO <input type="radio"/>

4. Psychiatric (including drug and alcohol issues)

4.1	Does the patient a history of psychosis?	YES	NO <input type="radio"/>
4.2	Is the patient a risk to themselves or others?	YES	NO <input type="radio"/>
4.3	Does this patient have a history of violence?	YES	NO <input type="radio"/>
4.4	Is the patient currently stable on medication?	YES	NO <input type="radio"/>
4.5	Is the patient compliant to all reasonable instructions?	YES	NO <input type="radio"/>
4.6	Is the passenger withdrawing from alcohol or other drugs?	YES	NO <input type="radio"/>

Dear Doctor,

In order to completely assess your patient’s fitness to fly, we appreciate you providing as much medical information as is possible, this allows our Medical Department to review and appropriately risk assess travel to ensure your patient reaches their destination safely and well.

For complicated medical cases, Qantas Medical is available to discuss your patient’s case, request to be connected through to Qantas Specific Needs on 1800 177 474 within Australia, or (+61) 2 9123 7471.

Please provide by free text any further relevant medical information below: