

## MEDICAL CERTIFICATE OF FITNESS FOR AIR TRAVEL

*(\*Mandatory for pregnant, ailing, critically ill & handicapped passengers)*

***This Medical Certificate must be completed in full, and produced while booking and at checkin and while boarding at each embarkation by any passenger who has a medical condition***

### PATIENT INFORMATION

<b>Name of the Patient</b>	
<b>Medical Condition</b>	
<b>Nature of Treatment</b>	
<b>Departure flight number and date</b>	
<b>Return flight number and date</b>	
<b>Contact number</b>	

### MEDICAL PRACTITIONER'S DECLARATION

*(\*Please tick whichever is applicable)*

1. To be completed by ATTENDING PHYSICIAN/MEDICAL PRACTITIONER
2. This form is intended to provide CONFIDENTIAL information to enable the airlines' Customer Service Section to assess the Fitness of the passenger to travel. If the passenger is acceptable this information shall permit the issuance of the necessary directives designed to provide for the passengers' welfare and comfort.
3. The PHYSICIAN ATTENDING/MEDICAL PRACTITIONER, is requested to ANSWER ALL QUESTIONS. Enter a cross 'X' in the appropriate 'Yes or No'

The patient is able to walk unaided	Yes	NO
The patient is able to sit upright unassisted	Yes	NO
The flying is not likely to cause the patient to require emergency medical attention	Yes	NO
The patient's condition is not contagious/infectious	Yes	NO
The patient does not require oxygen support	Yes	NO
Travel companion required	Yes	NO
Wheel chair required	Yes	NO

**Please Note:** If the passenger has an infectious, contagious or communicable disease, Air Taxi may in its absolute discretion disallow boarding in the best interest of the passengers and crew. In case of oxygen/stretcher requirement please fill the MEDA form

Medical Practitioner's Signature	
Registration Number	
Contact Number	
Stamp	

**Indemnity Bond by the Passenger:**

I the undersigned \_\_\_\_\_ hereby indemnify and hold harmless M/s Aviation Connectivity & Infrastructure Private Limited (Air Taxi) from and against any liability arising out of any bodily injury and/or death, damage or loss that may suffer/experienced and also from any damages, payments, expenses, face and cost which Air taxi may incur directly as a result of accepting me on its Flight No \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

I have further read and understood the all terms and conditions and all travel related policies as enumerated and explained by Air Taxi staff, both/either in person and so available on its website and/or official mobile app. I hereby agree to these term and conditions and shall adhere to all the travel related policies for the safety of the passenger & the crew

Signature of the Passenger:	
Date & Place:	
Address:	
Mobile No:	Email: