Fitness to Fly Form

Patient name: 

Treating doctor name: 

Current date: 

Date of discharge (if applicable): 

Fit to fly date: 

<table>
<thead>
<tr>
<th>Diagnosis:</th>
</tr>
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<tbody>
<tr>
<td>Description of assistance needed during travel and/or flight:</td>
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</tbody>
</table>

Mode of transport (check all that apply):

- Commercial carrier business class
- Commercial carrier economy class
- Air ambulance
- Ground ambulance BLS
- Ground ambulance ALS
- Ground transportation sedan (small car)
- Ground transportation SUV or town car (large car)

Evacuation/repatriation team (check all that apply):

- Doctor
- Nurse
- Respiratory Therapist
- Non-medical escort
- Unescorted

Treating doctor signature: ______________________________

Please return the signed form to: email: globalhealth@hthworldwide.com

Fax: +1. 610.293.0391