

# HTH Worldwide

## Fitness to Fly Form

Patient name:

Treating doctor name:

Current date:

Date of discharge (if applicable):

Fit to fly date:

Diagnosis:

Description of assistance needed during travel and/or flight:

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](mailto:globalhealth@hthworldwide.com)

Fax: +1. 610.293.0391