



Dear Customer

This information you provided during your booking inquiry has prompted Qantas to ask that you read and consider the Qantas Travel Clearance Guidelines (a copy of which is enclosed). If, having considered the Travel Clearance Guidelines, you consider it appropriate, you should ask your treating doctor to complete a Travel Clearance Form (enclosed). A letter to your doctor is also enclosed.

The purpose of the Travel Clearance Form is to enable Qantas, in conjunction with your treating doctor, to ensure your health and safety during your flight.

Please ensure that the completed Travel Clearance Form is returned to Qantas at least 5 days before the date of your proposed flight. If this does not happen, Qantas may not be able to clear you for travel and make the necessary arrangements in time, resulting in possible delays.

In permitting your treating doctor to complete the Qantas Travel Clearance Form, you are waiving the confidentiality of the information disclosed by your treating doctor. Qantas will disclose the contents of the Travel Clearance Form to all carriers associated with this ticket. However, Qantas will not disclose the content of the Travel Clearance Form to any other third party without your permission, or unless it is required by law.

If you have any questions about the Travel Clearance Form or your travel clearance generally, please contact **Qantas Special Handling on +61 2 9304 7974.**

Yours sincerely,

Dr Bill Isles
Qantas Medical Services



Dear Doctor

Your patient wishes to travel by air with either Qantas, a Qantas subsidiary or Interline ticket associated with a Qantas ticket.

The information provided by your patient at the time of his/her booking inquiry has prompted Qantas to ask that you complete the attached Travel Clearance Form and, if appropriate, certify that your patient is fit to undertake the proposed travel. This assessment is to be carried out at your patient's expense.

The attached Travel Clearance Guidelines explain the special conditions to which Passengers are exposed during air travel and the restrictions that Qantas places on air travel. They also list the specific conditions that require consideration by you before you certify that your patient is fit to travel by air. It is very important that you consider the Travel Clearance Guidelines very carefully before you complete the Travel Clearance Form.

Once you have completed the Travel Clearance Form, please return it to Qantas by facsimile on **+61 2 9691 0666**. If you believe that special consideration should apply to an individual patient, you should contact Qantas Special Handling on +61 2 9304 7974 to discuss the particular case.

Yours sincerely

Dr Bill Isles
Qantas Medical Services

Qantas Travel Clearance Requirements

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 planes carry doctors medical kits and heart defibrillators but complex medical assessment and treatment on board is not possible. If a passenger is at risk of a serious illness or complication in flight, they should consider delaying their flight.

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.

Qantas Travel Clearance Guidelines

| Diagnosis/ Condition | Not suitable for travel | Qantas travel clearance form required Travel will be suitable in most cases if treating doctor clears for travel. | Comments for treating doctor's information |
|--|------------------------------------|--|--|
| Heart, circulatory and blood conditions | | | |
| Angina (chest pain due to heart problems) | Unstable angina | Control achieved only recently (within 14 days) | Must be stable and no angina at rest |
| Myocardial infarction (heart attack) | Within last 7 days | Within 8 - 21 days or complications. | Must be stable |
| Cardiac (heart) failure | Uncontrolled heart failure | If cardiac failure is controlled and stable | If borderline, medical oxygen may be necessary |
| Serious cardiac arrhythmia (irregular heart beat) | Within 7 days | Within 8 -21 days | Does not include benign arrhythmias |
| Pacemakers insertion | 24 hours | Within 7 days | |
| Angiography (Heart – Coronary artery X rays) | Less than 24 hours | 21 days | |
| Angioplasty with or without stent (Widening of arteries) | 2 days or less | 21 days | |
| Cardiac surgery | 9 days or less | 10 - 21 days (CABG and valve surgery) | |
| Thrombophlebitis of legs | If active | Taking anti coagulants | Stable on oral anticoagulants |
| DVT/Pulmonary embolism or at risk of DVT | Onset 4 days or less | 5 - 21 days | Anti coagulation stable and PAO2 normal on room air |
| Anaemia | Hb less than 8.5 g/dl | Chronic disease | If acutely anaemic, Hb level should be assessed more than 24 hrs after last blood loss, which must have ceased |
| Sickle cell disease | Sickling crisis in previous 9 days | 10 days and over | Always need supplement of oxygen |

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|---|---|---|---|
| Respiratory Conditions | | | |
| Pneumothorax (air in the cavity around the lung due to a puncture wound or spontaneous) Haemo-pneumothorax (Blood and Air around the lung) | 7 days or less after full inflation | 8 - 21 days after full inflation | Must have no air in chest cavity on chest X ray |
| Chest surgery | 14 days or less | 15 - 28 days, experiencing symptoms or complications | e.g. lobectomy, pleurectomy, open lung biopsy |
| Pneumonia | Acute, with symptoms | With in 7 days of resolution - complications or on going symptoms | Fully resolved or, if X ray signs persist, must be symptom free |
| COPD, emphysema, pulmonary fibrosis, pleural effusion (fluid in the lung cavity) and haemothorax (Blood in the cavity around the lung) etc. | Cyanosis on the ground despite supplementary oxygen. Unresolved recent exacerbation | If unstable or poor exercise tolerance of less than 50 metres. Recent exacerbation (7 days) | Supplementary oxygen may be required in flight. Altitude studies may be needed |
| Asthma | Recent severe attack within 48 hours | Severe episode or hospitalisation within 48 hours | Must be stable and have medication with them |
| Neurological Conditions | | | |
| TIA (transient Ischaemic Attack) | Less than 2 days | 3 – 7 days | Must be stabilised |
| Stroke | Less than 3 days | 4 - 14 days | Must be self sufficient otherwise escort/carer required |
| Grand mal fit/epilepsy | Less than 24 hours or unstable | Within 7 days of last fit. | |
| Cranial surgery | 9 days or less | 10 - 21 days | Cranium must be free of air |
| Gastro Intestinal conditions | | | |
| GIT Bleed | Less than 24 hours following a bleed | Up to 14 days following bleed | Endoscopic or clear evidence (ie Hb has continued to rise to indicate bleeding has ceased) Hb level must be sufficient for air travel |
| Major abdominal surgery | 10 days or less | 11 - 14 days or if complications persist | e.g. bowel resection, "open" hysterectomy, renal surgery etc |
| Peritoneal dialysis | | Clearance required | |
| Appendectomy | 4 days or less | Only if there are complications | |
| Laparoscopic surgery (Keyhole) | 4 days or less | Only if there are complications | e.g. cholecystectomy (gall bladder removal), tubal surgery. All gas must be absorbed |
| Investigative laparoscopy | Less than 24 hours | Procedure within 1 -4 days | All gas must be absorbed |

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|--|---|---|--|
| Ear nose and throat | | | |
| Otitis media and sinusitis | Acute illness or with loss of Eustachian function | | Must be able to clear ears |
| Middle ear surgery | 9 days or less | 10 - 14 days | Must be able to clear ears |
| Tonsillectomy | 6 days or less | Only if complications | |
| Wired jaw | If travelling alone | If wired | Must have escort/carer with wire cutters |
| Psychiatric | | | |
| Acute psychosis (e.g. mania, schizophrenia, drug induced) | If unstable | Within 14 days of unstable episode or hospitalization | Providing stable for 7 days. Travel may be approved with suitable medical escort/carer |
| Eye conditions | | | |
| Penetrating eye injury | 6 days or less | 7 - 14 days. | Any gas in globe must be reabsorbed |
| Cataract surgery | Less than 24 hours | 1 – 3 days | |
| Corneal laser surgery | Less than 24 hours | 1 – 3 days | |
| Pregnancy and new born | | | |
| Pregnancy • International Flights and domestic flights greater than 4 hrs | Single pregnancy – after 36 weeks Multiple pregnancy – after 32 weeks | Any pregnancy with complications will require a medical clearance | Risk of labour must be minimal |
| Pregnancy • Domestic flights less than 4 hrs | Single pregnancy – after 40 weeks Multiple pregnancy – after 36 weeks | Any pregnancy with complications will require a medical clearance | Risk of labour must be minimal |
| Miscarriage (threatened or complete) | With active bleeding | Within 7 days of bleeding | Must be stable, no bleeding and no pain for at least 24 hours |
| New born | Less than 48 hours | 3 - 7 days or with history of complications or premature birth | Risk of hypoxia if respiratory system not fully developed |
| Trauma | | | |
| Full plaster cast | Must be split if less than 48 hours from | | |
| Burns | If still shocked or with widespread infection or greater than 20% total body surface area | Within 7 days of burn or surgical treatment | Must be medically stable and well in other respects |
| Miscellaneous | | | |
| Terminal illness | If at risk of death during flight | All cases | Medical condition may require stretcher, escorts/carers or oxygen. Will not accept passengers at risk of dying during flight |
| Infectious diseases | If infectious see guidelines below | See below | Must be non infectious see guidelines below |
| Scuba diving | Not within 24 hours of diving | Not required after 24 hours unless recent decompression sickness | |
| Decompression sickness (bends) | 3 days for the bends 7 days with neurological symptoms | In all cases within 10 days of completing treatment | |
| Allergies/ anaphylaxis (severe, even life threatening allergic reactions) | Passengers must be at low risk of a reaction on board. Qantas cannot guarantee the airline environment or 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 carry on luggage and that they or a escort/carer/companion, are willing and capable of administering it if needed | | |
| Requirements for oxygen, medical | Clearance required in all cases. Restrictions apply, plug in medical equipment must be approved by Qantas engineers, | | |

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|--------------------------|---|--|--|
| equipment and/or escorts | and oxygen has to be arranged prior to flights. For recent list of approved equipment see the Qantas Authorised Medical Equipment List | | |

Infectious Diseases

| Diagnosis / Condition | Not suitable for travel | Qantas Travel Clearance form required Travel will be approved in most cases if treating doctor clears for travel | Comments for treating doctor's information |
|----------------------------------|---|--|--|
| Chicken Pox (including shingles) | If active lesions present | If unsure | All lesions must be dried and crusted |
| Conjunctivitis (bacterial) | If eye still discharging pus, and not improving on antibiotics | If unsure | Must be treated by 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 (eg. Fever, cough, aches and pains) | If unsure | Travel not suitable for those displaying obvious signs of influenza / unwell |
| 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 MUST have a Travel Clearance Form completed. Passengers with tuberculosis will not be cleared for travel until their treating practitioner can confirm that they are not infectious. | |
| 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 on ongoing effective antibiotic therapy longer than 5 days | May travel after 5 days of effective antibiotic therapy |

NB If a passenger presents with a doctor's certificate confirming that the passenger is not infectious and that the guidelines outlined above have been met, they may travel without a MEDA clearance.

QANTAS TRAVEL CLEARANCE FORM

Completion of the form in block letters will be appreciated

| | | | |
|--|--------------------------------|---|---|
| Passenger Details | | | |
| Name: _____ | | | Age: _____ |
| Phone No: _____ | | | |
| Address: _____ | | | |
| Itinerary – (Flight details mandatory) Booking Ref No. _____ | | | |
| Airline: _____ | Flt No: _____ | Class: _____ | Date: _____ From _____ To _____ <small style="margin-left: 100px;">d d m m y y</small> |
| Airline: _____ | Flt No: _____ | Class: _____ | Date: _____ From _____ To _____ <small style="margin-left: 100px;">d d m m y y</small> |
| Name of Booking Agent _____ | | Phone _____ | |
| <small>(if applicable)</small> | | | |
| To be completed by treating doctor -Please complete this form after careful consideration of the Travel Clearance Guidelines. | | | |
| Diagnosis: _____ | | | |
| Has the condition resolved? | | Yes No | |
| Date of Diagnosis: _____ | | Date of Surgery (if applicable): _____ <small style="margin-left: 100px;">d d m m y y</small> | |
| Requirements <small>(Indicate with a tick where required)</small> | | | |
| 1. Is a wheelchair required to the aircraft door/seat? | | | No |
| 2. Is an escort required in-flight to assist with eating, medications (including operating medical equipment) and toileting? | | | Door Seat Yes No |
| 3. Is a medically Trained escort necessary? (Mandatory for Stretcher and Humidicrib carriage) | | | |
| Name of escort (if applicable) _____ | | | |
| Qualifications of escort (if any) _____ | | | |
| 4. Is any of the following equipment required? If yes, please specify Stretcher / Humidicrib / Electrical (please circle) | | | Yes No |
| An ambulance is required for Stretcher or Humidicrib, please provide details. <small>(Clearance for travel CANNOT be given until ambulance bookings are confirmed)</small> | | | |
| <small>***Electrical equipment must be QF approved as per equipment list***</small> | | | |
| 8. Is supplemental oxygen required in-flight? If yes, please complete below. | | | Yes No |
| Flow Rate? | 2 L/M <input type="checkbox"/> | Intermittent <input type="checkbox"/> | |
| | 4 L/M <input type="checkbox"/> | Continuous <input type="checkbox"/> | |
| If travel is within Australia, will passenger provide own C size travel pack oxygen cylinder? | | | |
| Other Relevant Information <small>(Please also provide details of all medical equipment/medication required for passenger comfort inflight)</small> | | | |
| | | | |
| I have read and understand the Travel Clearance Guidelines and I certify that the above named passenger is fit to travel on the proposed 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 Department regulations. | | | |
| Doctor's Name _____ | | | Qualifications _____ |
| Signature _____ | Phone Number _____ | Fax _____ | Date _____ <small style="margin-left: 100px;">d d m m y y</small> |
| Address _____ | | | |
| <small>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.</small> | | | |
| Doctor's Stamp (if applicable) | | | |