

FORM FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE

1. Passenger (as in passport: full name, date of birth, nationality, sex, height, weight):
2. Itinerary: Airline(s), Flight number(s), Class(es), Date(s):
3. Contact details of a relative or friend:
4. Was in a commercial flight lately? Yes No If yes, date
Any problems during or/and after flight?
5. Diagnosis: MED. Case Birth case
6. Medication. Starting with a new drug (less than 15 days):
7. Escort on board? Yes No Languages spoken
Name / Title / Age / Contact details (mobile, mail etc):
Medical qualification Yes No If yes, describe:
8. Standard airline seat during flight ? Yes No
(with the back of the passenger's seat in upright position and the lower limbs in the normal sitting position during take-off & landing)
9. BED Stretcher needed onboard? Yes No
10. Wheelchair needed Yes No
Wheelchair categories WCHR WCHS WCHC OWN wheelchair Yes No
Collapsible WCOB Yes No Wheelchair type WCBD WCBW WCMP

WCHR Ambulant, but handicapped in walking. Needs assistance in terminal to/from the gate, needs wheelchair or similar when passengers embark/disembark by walking over ramp. Does not need assistance in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with the meals.

WCHS Ambulant, but more severely handicapped in walking: cannot use a ramp bus and needs assistance during embarking/disembarking (e.g.: on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with the meals.

WCHC Non-ambulant: Needs also assistance in the aircraft to/from seat, toilets, and possibly with the meals.

OWN Accompanied by his own wheelchair. **BD** Wheelchair with dry batteries. **BW** Wheelchair with wet batteries. **MP** Wheelchair moving with manpower.

11. a. Ambulance needed Yes No If yes, specify destination address:
- b. To be arranged by orange2fly Yes No
If no, specify ambulance company contact details:
12. Other ground and/or in-flight arrangements needed Yes No
If yes, specify (special meal, extra seat, limb rest support, special placing etc):
- Departure airport:
- Transit airport:
- Arrival airport:
13. Special equipment (respirator, incubator, oxygen, etc):
- O₂, Needs occasional oxygen during the flight O₂, Needs continuous oxygen during the flight
14. Specify arranging company and the responsible to pay the expenses:
15. Frequent traveler medical card (FREMEC) Yes No
If yes, specify FREMEC number, issued by, expiry date:

I herewith relieve the physician, whom I shall choose to make a statement on my medical condition, of their professional discretion to the extent that they shall be permitted to disclose to orange2fly such details on the condition of my health as may be required by the Medical Advisors to judge upon my medical fitness to travel by air.

The undersigned will indemnify and release orange2fly, their representatives and agents for all claims for damages sustained in connection with deterioration of their illness as a result of the transportation by air. In the case of legal dispute the undersigned will have to prove that any such damage incurred by orange2fly, on third parties through the transportation.

The undersigned also declares to be informed that orange2fly is not obligated in any way to accept them for any subsequent or return journey. Otherwise, the conditions of carriage, in particular the rules of liability contained therein, will apply.

Medical clearance is only valid for the flight(s) and date(s) specified on the clearance (there is no minimum or maximum validity). If a serious deterioration of the medical condition took place in between the time of clearance and the actual flight, or any change to the recorded medical data, new clearance must be requested.

I feel fit and I want to travel with this flight.

Name & Signature of the Passenger (or of the legally responsible):

Date: / /

FORM FOR PASSENGERS ASKING FOR MEDICAL CLEARANCE

(completed by the treating physician)

1. Patient (full name, date of birth, nationality, sex, weight, height):
 2. Treating physician (full name, specialty, mobile, landline, fax, email):
 3. Diagnosis. Included date of onset of the present condition, episode or accident and therapy
 - Contagious disease Yes No If yes, explain :
 - MED. Case Birth case
 - Type & date of any recent and/or relevant operation
 4. Current symptoms & severity
 5. Treatment (drugs list & doses). Initiation of a new drug (less than 15 days)
 6. Will a 25% - 30% reduction in the ambient partial pressure of oxygen (relative hypoxia) affect the passenger's medical condition?
(Cabin pressure to be the equivalent of a fast trip to a mountain elevation of 2400 metres (8000 feet) above sea level)
 Yes No
 7. Escort
 - a. Is the patient fit to travel unaccompanied? Yes No
 - b. If no, would a meet-and-assist be sufficient (provided by the airline to embark and disembark)? Yes No
 - c. If no, has the passenger his own escort to take care his own in flight needs? Yes No
 - d. If yes, the escort is: Doctor Nurse Other
 - e. If «Other», is escort fully capable of taking care of the in-flight needs of the patient? Yes No
 - Name / Age / Contact details (mobile, email etc), languages
 - Medical training Yes No If yes, describe
 8. Mobility
 - a. Able to walk without assistance Yes No
 - b. Wheelchair required for boarding (embark/disembark) Yes No
 - c. Wheelchair category WCHR WCHS WCHC
- WCHR Ambulant, but handicapped in walking. Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers embark/disembarked by walking over ramp. Does not need assistance in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with the meals.*
- WCHS Ambulant, but more severely handicapped in walking: cannot use a ramp bus and needs assistance during embarking/disembarking (e.g.: on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with the meals.*
- WCHC Non-ambulant: Needs also assistance in the aircraft to/from seat, toilets, and possibly with the meals (where necessary, give details in K below).*
- OWN Accompanied by his own wheelchair. BD Wheelchair with dry batteries. BW Wheelchair with wet batteries. MP Wheelchair moving with manpower.*
9. Standard airline seat during flight ? Yes No
(with the back of the passenger's seat in upright position and the lower limbs in the normal sitting position during takeoff & landing)
 10. BED Stretcher needed during flight? Yes No
 11. Special equipment (O₂, ventilator, incubator, iv infusion, aspiration, etc)
 12. Ambulance needed? Yes No
 13. Other medical information & other arrangements ground and/or in-flight if needed
(special meal, extra seat, limb rest, special positioning) Yes No
If yes, describe.....
 14. Cardiac condition Yes No If yes, describe.....
 - a. Angina Yes No When was the last episode?.....
 - Is the angina stabilized? Yes No
 - Functional classification Asymptomatic Angina at serious effort
 - Angina at light effort Angina at rest
 - Is the patient able to walk 100 meters with normal walking or climb 10-12 stairs without symptoms? Yes No
 - b. Infarction Yes No Date.....
 - Complications Yes No If yes, describe
 - Stress ECG? Yes No If yes, give results:
 - Angioplasty was performed or coronary bypass ? Yes No

- c. Cardiac insufficiency Yes No When was the last episode?.....
 Is controlled by medication? Yes No
 Functional classification Asymptomatic Dyspnea at serious effort
 Dyspnea at light effort Dyspnea at rest
- d. Syncope Yes No When was the last episode?.....
 Check? Yes No If yes, give results:.....
15. a. Respiratory condition? Yes No If yes, describe
- b. Was the patient using O₂ at home? If yes, specify how much
- O₂ need during flight? Occasional O₂ use during flight Continuous O₂ flow during flight Liters :.....
- c. Has the patient recent arterial air blood gases? Yes No
- d. Air blood gases were taken in room air with O₂ LPM
 If yes, give results pCO₂ pO₂
 Saturation Exam date:.....
- e. Does the patient retain CO₂? Yes No
- f. Is their condition aggravated recently? Yes No
- g. Is the patient able to walk 100meters with normal walk or to climb 10-12 stairs without symptoms? Yes No
- h. Has the patient ever before used commercial flight under the same medical conditions? Yes No
 If yes, when?
 Any other problems presented?
16. Convulsions
- a. Type
- b. Frequency
- c. Last episode.....
- d. Controlled with medication? Yes No Describe.....
17. Psychiatric & seizure disorder Yes No
 If yes, describe.....
18. Anemia Yes No If yes, give recent Hb values
19. Normal bladder control? Yes No If no, give mode of control
20. Normal bowel control? Yes No If no, give mode of control
21. Other medical issues that could influence during flight? Yes No
 If yes, describe.....
22. a. Is it safe for the above passenger to travel by air? Yes No
 Special instructions Yes No If yes,.....
 b. Date and itinerary of the travel, this medical certification is given

Note:

Medical certificate for flight is valid only for the flight(s) and for the date(s) written on this medical certificate (there is no min or max validity period). In a aggravation of the medical condition in between the issue of this medical certificate and the flight, or any other change on the written medical information, new medical certification needed.

Cabin Crew Members, are not authorized to give special assistance (e.g. lift) to special passengers, in damage of their services to the other passengers.

Additionally, are trained only to First Aid and are not allowed to administer injections or any drugs.

Fees, if any, relative to supply of medical equipment, or special services (e.g. ambulance, from and to the airport) are paid by the passenger.

The Doctor (Signature & Stamp)

Date / /

ΟΔΗΓΙΕΣ ΑΣΦΑΛΟΥΣ ΧΡΗΣΗΣ ΦΙΑΛΩΝ ΟΞΥΓΟΝΟΥ ΓΙΑ ΙΑΤΡΙΚΗ ΧΡΗΣΗ ΣΕ ΠΤΗΣΕΙΣ ΤΗΣ orange2fly
SAFETY INSTRUCTIONS FOR GASEOUS OXYGEN CYLINDERS FOR MEDICAL USE IN orange2fly

Προς / To: Check in

Όνοματεπώνυμο επιβάτη / Passengers Full Name:

.....

Αριθμός πτήσης, Ημερομηνία, Διαδρομή / Flight Nr., Date, Routing:

.....

Η orange2fly επιτρέπει στον αναφερόμενο επιβάτη να φέρει και να χρησιμοποιήσει φιάλη(ες) οξυγόνου, χωρητικότητας όχι άνω των δύο (2) λίτρων (200bar) στις πτήσεις της.

orange2fly allows the above mentioned passenger to carry and use oxygen cylinder(s), of no more two (2) liters capacity (200bars) on its flights.

Ο επιβάτης ενυπογράφως δηλώνει ότι έχει λάβει γνώση και αποδέχεται τα ακόλουθα:

The passenger undersigned states that is informed and accepts the following:

-Ο επιβάτης πρέπει να επιβεβαιώνει ότι οι βαλβίδες της φιάλης(ων) οξυγόνου που φέρει, είναι σωστά ασφαλισμένη(ες).

Passenger must ensure that valves of the gaseous oxygen cylinder(s) which holds are properly secured.

-Η φιάλη οξυγόνου πρέπει να ασφαρίζεται σε σταθερό περίβλημα κάτω από το μπροστά κάθισμα κατά την πτήση και κατά προτίμηση και κατά τη χρήση της.

Oxygen cylinder must be secured in a stable cover sheath under the front seat during flight and preferably and during use.

-Το περίβλημα της φιάλης οξυγόνου, δεν πρέπει να υπερβαίνει σε διαστάσεις 55cmx40cmx23 cm και σε βάρος τα 5 κιλά.

The integument of the oxygen cylinder must not exceed dimensions of 55cmx40cmx23 cm and weight of 5kg.

-Η φιάλη οξυγόνου δεν επιτρέπεται να χρησιμοποιείται στο διάδρομο ή στην τουαλέτα ή κατά τη διάρκεια αναταράξεων.

Oxygen cylinder is not allowed to be used in the aisle or in the toilet or during turbulence.

-Ο επιβάτης δηλώνει πως θα τηρεί τις υποδείξεις του πληρώματος του αεροσκάφους.

Passenger declares that they will respect the instructions of the crew of the aircraft.

Ο επιβάτης υπογράφει το παρόν έγγραφο και το φέρει μαζί του στο check in μαζί με το εισιτήριό του.

Passenger signs the present document and keeps it attached with their ticket.

Υπογραφή επιβάτη / Passenger's signature :