Form SA 603
Rev 08/00

Skippers

MEDICAL CUSTOMER SUPPORT REQUEST

Customer details:
Name: _____ Tel. No. _____
Address: _____
Age: _____ Sex: _____ Weight Kg. _____

Proposed flights forward journey and/ or return journey:
From: _____ To: _____ Date: _____ Flt No. (if known) _____
From: _____ To: _____ Date: _____ Flt No. (if known) _____

I declare that the information contained on this Medical Clearance Form is accurate. I authorise Skippers Aviation to use and release this information as required in the event of an emergency. I acknowledge that Airline staff are not medically trained and that the Airline cannot guarantee that I will receive appropriate medical attention in any situation. I acknowledge that Skippers Aviation reserve the right to refuse travel, notwithstanding completion of this form.

Signature of passenger :_____ Date: _____

Diagnosis or disability is not essential but a generic 'diagnosis' eg. 'Heat complaint' or 'spinal injury' will ensure optimum service and assistance.

Diagnosis/ Condition: _____

Travel Arrangements:
Hospital patient ☐ Ambulance patient ☐ Escort Name: _____ Qualifications: _____

Your attending physician must make all the ambulance arrangements for both departure and destination ports.

Can you use the toilet unaided? Yes ☐ No ☐
If you cannot use the toilet unaided, have alternative arrangements been made? Yes ☐ No ☐

Contagious diseases: In accordance with Civil Aviation Orders and the duty of care to protect our passengers and crew, Skippers are unable to provide carriage of passengers with a known contagious disease while they are infectious.

A medical certificate or letter from a physician stating that the passenger “is not suffering from a communicable disease at the contagious stage” is required before travel can be approved for the following contagious conditions:

- Chicken Pox
- Shingles
- Hepatitis A
- Measles
- Mumps
- Rubella (German Measles)
- Whooping Cough (Pertussis)
- Tuberculosis

Conditions considered unacceptable for travel: If any of the following conditions apply to you, Skippers will be unable to provide carriage for passengers where the surgery or episode has occurred within the stated number of days:

• Heart attack	Within 7 days of heart attack
• Significant cardiac arrhythmia	Within 7 days of arrhythmia
• Stroke	Within 3 days of stroke
• Serious Psychiatric disorder	If uncontrollable and likely to deteriorate during the flight, resulting in harm to crew or other passengers, if the condition requires medical attention.
• Scuba diving	Within 24 hours of diving
• Abdominal Surgery	Within 10 days
• Open Chest Surgery	Within 7 days
• Cranial Surgery	Within 10 days

Carriage of wheelchair passengers:

Skippers can provide wheelchair assistance for passengers who require it from the terminal building to aircraft steps only.

Passengers must be able to manage steps (with minimal assistance by ground or cabin staff).

The agent making the booking MUST advise Skippers at the time of booking what amount of assistance the passenger will require.

PLEASE NOTE FOR TOTALLY IMMOBILE PASSENGERS, NO HIGH LIFT FACILITIES ARE AVAILABLE

CERTIFICATE (Physician to complete)

I certify that _____ is fit to undertake the proposed flight(s), and is not suffering from any condition, including an infectious disease at a contagious stage that may compromise the safe conduct of flight, or the wellbeing of other customers.

Skippers Aviation does not supply Oxipacks for passengers who don't own personal C size portable cylinders. Customers requiring oxygen inflight can travel on Skippers Aviation providing this Medical Form is completed by their physician PRIOR to travel.

This form must be kept on the customer or attending escorts possession and be available to airline staff upon request.

Oxygen Prescription (if required)
My patient (or escort) has been instructed in, and is capable of, administering the oxygen treatment required.
Oxygen: Please indicate if 'C' sized cylinder is being taken (only in approved BOC Gases Oxycare TravelPack) ☐

Please print or stamp:
Physicians Name: _____
Address: _____
Signature: _____ Date: _____
Tel. No.: _____ Fax No.: _____

On completion, this form should be faxed to:
Skippers Aviation on: (08) 9478 3184 or e-mailed to reservations@skippers.com.au