

FIT TO FLY CERTIFICATE

This Medical Certificate must be completed in full, and produced while booking and at check-in and while boarding at each embarkation by any passenger who has a medical condition.

PATIENT INFORMATION	
Name of Patient	
Medical Condition	
Nature of Treatment	
Departure flight number and date	
Return flight number and date	
Contact number	

MEDICAL PRACTITIONER'S DECLARATION		
The patient is able to walk unaided	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient is able to sit upright unassisted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The flying is not likely to cause the patient to require emergency medical attention.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient's condition is not contagious/ infectious.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The patient does not require oxygen support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Travel Companion required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wheel chair required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>Note: If the passenger has an infectious, contagious or communicable disease, Alliance Air may in its absolute discretion disallow boarding in the best interest of the passengers and crew.</p>		
<p>Medical Practitioner's Signature : Registration Number : Contact Number : Stamp :</p>		

Indemnity Bond by Passenger

I the undersigned _____ hereby indemnify to hold harmless Alliance Air from and against any liability arising out of any bodily injury and / or death, damage or loss that may suffer/experience and also from any damages, payments, expenses, face and cost which Alliance Air may incur directly as a result of accepting me on its Flight No. _____ from _____ to _____ on _____ I hereby further indemnify Alliance Air for any payments that Alliance Air makes to meet any of my expenses towards damages, loss etc for said purpose.

Signature: _____ (Passenger)

Address: _____

(Temporary) _____

Tel. No. _____



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