

Effective 04 February 2016

Part 1 - Medical Clearance Guest's Letter

Dear Guest,

Virgin Australia is committed to ensuring that your flight with us is as safe and comfortable as possible.

You should be aware that flying can cause complications for guests with certain medical conditions. Virgin Australia employees are not medically trained and can only provide limited assistance in the event of a medical emergency. It is for this reason that Virgin Australia provides *Medical Clearance Guidelines* (VAGP-MED-01) to assist guests and their treating doctor to understand some of the risks associated with air travel.

When making a booking, you must inform Virgin Australia that you have a medical condition. We ask you to consult your doctor to find out whether it is safe for you to fly. You must provide your doctor with a copy of the *Medical Clearance Guidelines* (VAGP-MED-01) including the Medical Clearance Doctor's Letter and Medical Clearance Form. These must be completed by your treating doctor on determination that it is safe for you to travel. Any assessment or appointment with your treating doctor is at your expense.

It is important that you bring a copy of Part 3 - *Medical Clearance Form* for each of your intended flights with Virgin Australia.

Photocopied or fax copies of the form are acceptable provided the information can be clearly read.

In providing this completed form to Virgin Australia you are waiving the confidentiality of this information disclosed by your doctor. Virgin Australia may disclose the information on this form to any other carrier associated with your ticket. However, Virgin Australia will not disclose the information on this form to any other third party without your permission, or unless it is required by law.

Virgin Australia reserves the right to deny boarding if you have not obtained medical clearance or if we consider that it is not in your best interests to fly.

Please forward the completed forms:

Email: VA.Medical@virginaustralia.com

Fax: +61 7 3295 3100

For urgent, complicated medical cases or any queries in relation to completion of the Part 3 - *Medical Clearance Form*, please contact the Guest Contact Centre on the following numbers:

Within Australia	1300 139 303
Anywhere else in the world	+ 61 7 3295 3941

Thank you,
Medical Services

Virgin Australia

Effective 04 February 2016

Part 2 - Guidelines to be referred to by medical practitioner

These guidelines must be used in conjunction with the Virgin Australia *Medical Clearance Form* (Part 3). In addition to these guidelines, when considering a passenger's suitability for air travel, the following must be considered:

- Reduced atmospheric pressure. Cabin air pressure changes greatly during 15-30 minutes after take-off and before landing; gas expansion and contraction can cause pain and pressure effects.
- Reduced oxygen tension. Cabin air pressure is equivalent to an altitude of 6000 to 8000 ft and oxygen partial pressure is approximately 20% less than at sea level.

Use this form to determine if a passenger's medical condition makes them Unacceptable for Travel or if Medical Clearance required before travel. If Medical Clearance is required before travel, the Part 3 - *Medical Clearance Form* **must** be completed by a medical practitioner (registered doctor).

NOTE: Any medical condition which would render a passenger unable to complete the flight safely, without requiring extraordinary medical assistance during the flight, is considered unacceptable for air travel.

This is not an exhaustive list of conditions. If a person has had recent surgery or suffers from an ailment not specified in the table below that may affect their health, they should consult a medical practitioner for travel advice and medical clearance.

Virgin Australia will consider a passenger's medical condition on a case by case basis however absolute contradictions to flying are:

1. Within 24 hours of a general anaesthetic
2. Uncontrolled bleeding
3. Unstable medical or psychiatric conditions
4. Uncontrolled Pain
5. Known ectopic pregnancy
6. Decompression Illness
7. Active Tuberculosis or Haemorrhagic Fever

CODE/ MEDICAL CONDITION	UNACCEPTABLE FOR TRAVEL	MEDICAL CLEARANCE REQUIRED	COMMENTS
CATEGORY 1 - CARDIOVASCULAR AND CIRCULATORY CONDITIONS			
(1A) Heart attack (myocardial infarction)	LOW RISK- less than 3 days MEDIUM RISK- less than 10 days HIGH RISK- until stable (see below)	Within 3-21 days (see below)	Unacceptable for travel if supplemental oxygen is required. Wheelchair assistance to limit ambulation may be necessary
	As per British Cardiovascular Society Guidelines, stratify according to risk: High risk = EF<40% with signs and symptoms of heart failure or requiring further investigation/revascularization or device therapy- > must be discussed with Guest Contact Centre Team and travel delayed until stable Moderate risk = no evidence heart failure or inducible ischaemia or arrhythmia, EF>40% -> delay travel ≥10d Low risk = 1st cardiac event, age<65, successful reperfusion, EF>45%, uncomplicated and no further investigations or interventions planned-> may fly ≥3days.		
(1B) Angina	Unstable angina (angina which despite treatment has increased in frequency and severity)	Not required if the condition is controlled*	Supplemental oxygen should not be required to control the angina at rest * *must be able to walk at least 50m and carry out other Activities of Daily Living (ADLs) without or breathlessness

Continues next page...

Effective 04 February 2016

CODE/ MEDICAL CONDITION	UNACCEPTABLE FOR TRAVEL	MEDICAL CLEARANCE REQUIRED	COMMENTS
(1C) Significant cardiac arrhythmia	Within 7 days or unstable arrhythmia	Within 8-21 days	Does not include arrhythmias considered by the treating medical practitioner to be benign
(1D) Heart failure (congestive cardiac failure)	If uncontrolled, requiring supplemental oxygen at rest or if there is significant pulmonary oedema	Not required if the condition is controlled *	* must be able to walk at least 50m and carry out other Activities of Daily Living (ADLs) without or breathlessness
(1E) Cardiac surgery - where the chest cavity is opened	Within 7 days	Within 21 days and must be provided by the treating surgeon	In assessing fitness to fly, the treating surgeon (not a surrogate or trainee) must, in addition to any other assessment, view a chest X-ray to confirm that there is no air in the plural space and indicate this confirmation on MED-01 Part 3
(1F) Cardiac angiography (Heart - coronary artery X-rays)	Within 24 hours	Within 7 days	A heart attack (myocardial infarction) within 21 days overrides these provisions
(1G) Cardiac angioplasty with or without stent insertion	2 days or less	Within 7 days	
(1H) DVT (Deep Vein Thrombosis) or PE (Pulmonary Embolism). Also, significant predisposition to DVT/PE, including: <ul style="list-style-type: none"> • Prior history of DVT/PE • Significant family history • Concurrent medical condition (e.g. fracture, injury, blood disorder, cancer) or use of medication, which predisposes to DVT 	Within 5 days	Within 6-21 days, provided stable on anti-coagulants	Anti-coagulation stable or within therapeutic range if applicable; normal respiratory function
(1I) Pacemakers and internal (implanted) defibrillators	Within 24 hours	Within 72 hours of insertion or 24 hours of replacement of device	Refer (1C) if not controlled by the device, may also apply and overrides these provisions
CATEGORY 2 - BLOOD CONDITIONS			
(2A) Significant anaemia or blood loss	Hb less 8.0g/dl, due to recent (within 72 hours) and active bleeding	Chronic disease* and compensated at or above 7.0g/dl (*pathology must be specified e.g. renal failure)	If acutely anaemic Hb level must be assessed at least 24 hours after last known blood loss and there must have been no further bleeding
(2B) Sickle cell disease	Sickling crisis in previous 9 days	10 days and over	Chronic disease MUST have supplemental oxygen
CATEGORY 3 - RESPIRATORY CONDITIONS			
(3A) Pneumothorax (collapsed lung) occurring spontaneously or as a result of chest trauma	Within 6 days of full lung expansion confirmed on chest x-ray in expiration	Within 7-14 days of full lung expansion confirmed on chest x-ray in expiration	Lung expansion must be assessed by chest X-ray, providing evidence of no air in pleural space and must indicate this confirmation on VAGP-MED-01 Part 3 . Does not include pneumothorax resulting from open chest or cardiac surgery where those provisions apply

Continues next page...

Effective 04 February 2016

CODE/ MEDICAL CONDITION	UNACCEPTABLE FOR TRAVEL	MEDICAL CLEARANCE REQUIRED	COMMENTS
(3B) Open chest surgery (non-cardiac)	Within 10 days of surgery	Within 11-28 days	Refer (1E)
(3C) Chronic lung diseases (COPD, emphysema, chronic bronchitis)	Where there has been a significant deterioration within 48 hours OR if there is cyanosis/ high respiratory rate	Where supplemental oxygen is required during the flight OR if unable to walk 50 metres - at slow pace, without supplemental oxygen OR recent exacerbation in last 7 days	Supplemental oxygen provisions may also apply. Refer (10B) and Flying with medical conditions on website: http://www.virginaustralia.com/au/en/plan/special-needs-assistance/medical-conditions/
(3D) Asthma	Recent severe attack within last 48 hours (requiring hospitalisation)	If requiring 'treater' (bronchodilator) medication is required more frequently than 3 hourly OR recent deterioration within 48 hours of travel; within 48 hours of post discharge from hospital; 'brittle' asthmatics, acute increase in bronchodilator use, recent acute deterioration within 48 hours of intended travel	Must be stable with medication carried on person
(3E) Pneumonia	If supplemental oxygen is required		Note: Contagious or infectious conditions provisions may also apply. Refer (7A)
(3F) Tuberculosis	Untreated or in the first two weeks of treatment	Following appropriate DOT treatment and according to WHO guidelines http://www.who.int/tb/publications/2008/WHO_HTM_TB_2008.399_eng.pdf	
CATEGORY 4 - NERVOUS SYSTEM AND PSYCHIATRIC CONDITIONS			
(4A) Stroke (cerebro-vascular accident)	4 days or less	5-14 days if stable	Must be self-sufficient in regards to Activities of Daily Living (ADLs) and mobility otherwise nurse/carer escort required. If within 2 weeks of CVA should receive supplemental oxygen (Refer to 10B)
(4B) Transient Ischaemic Attack (TIA)	Within 2 days	Within 3-5 days, provided stable on medical treatment	Must be stabilised
(4C) Epilepsy/Fitting/ Seizures	24 hours or less or unstable	Within 7 days of last seizure or fit	Guests who have long-term chronic seizure patterns that are considered 'regularly stable' application will be considered on a case-by-case basis, please contact the Guest Contact Centre for treating medical professionals required documentation
(4D) Cranial surgery	9 days or less	Within 10-21 days	Air travel should not occur if there is any residual air within the cranial cavity, and must indicate this confirmation on VAGP-MED-01 Part 3

Continues next page...

Effective 04 February 2016

CODE/ MEDICAL CONDITION	UNACCEPTABLE FOR TRAVEL	MEDICAL CLEARANCE REQUIRED	COMMENTS
(4E) Spinal surgery, (minimally invasive, e.g. microdisectomy)	3 days or less	4 days with treating surgeon's clearance	Note: Passengers are required to remain seated at all times while the seat belt sign is illuminated, consideration of the patients' ability to tolerate unavoidable turbulence should be taken.
(4F) Spinal surgery (major invasive, e.g. open decompression)	8 days or less following surgery	9 days up to 12 weeks of injury or surgery	Wound should be healing/dry Note: Passengers are required to remain seated at all times while the seat belt sign is illuminated, consideration of the patients' ability to tolerate unavoidable turbulence should be taken. Standard aircraft fitted life jackets may not fit passengers wearing a HALO brace - carriage of own device should be taken
(4G) Significant psychiatric conditions	If unstable OR likely to deteriorate during flight/result in harm to crew/other passengers OR if sedated to the point that self-care is not possible OR if condition is likely to require active medical intervention during the flight	Currently stable but where there has been a significant deterioration or hospitalisation within 14 days* The nature of such deterioration must be detailed, along with response to treatment and date of last intervention required	* The certifying medical practitioner should consider the possible stress of travel on the individual
(4H) Head injury associated with loss of consciousness or skull fracture	Within 2 days, if there has been fitting	Within 10 days of injury or fit	Exception (4C) No evidence of pneumocranium or current CSF leak - must indicate this confirmation on MED-01 Part 3.
CATEGORY 5 - GASTRO-INTESTINAL CONDITIONS			
(5A) Acute infections such as gastro-enteritis and Hepatitis A	While there is a risk of transmission to other passengers or crew (whether as a result of active infection or possible infectious incubation)	While still showing symptoms, if the condition is no longer infectious and incubation period has passed	See also contagious or infectious condition. Refer (7A)
(5B) Open abdominal surgery (e.g. Laparotomy, Appendectomy, Hysterectomy, Cholecystectomy, Hepatectomy, Colectomy, Caesarean, Radical Prostatectomy)	Within 10 days	Within 11-14 days or if complications persist	Open surgery means through a full incision and not laparoscopic or 'keyhole' surgery
(5C) Laparoscopic/Laprascopic Prostatectomy (or 'keyhole' surgery of the abdomen)	4 days or less	Only required if complications occurred or within 10 days if anastomosis was performed	All gas must be absorbed.
(5D) Diagnostic Laparoscopy	Less than 24 hours	1-4 days following procedure	All gas must be absorbed
(5E) Significant gastro-intestinal bleeding	Within 48 hours	Within 3-10 days, provided the bleeding has stopped	Note: Blood Conditions: anaemia and blood loss criteria might also apply and will override these provisions (refer to section 2A)

Continues next page...

Effective 04 February 2016

CODE/ MEDICAL CONDITION	UNACCEPTABLE FOR TRAVEL	MEDICAL CLEARANCE REQUIRED	COMMENTS
CATEGORY 6 - EYE, EAR, NOSE AND THROAT CONDITIONS			
(6A) Penetrating eye injury, retinal detachment or hyphaema (bleeding into the front of the eye)	Within 6 days	Within 7-21 days and must be provided by an ophthalmologist (eye surgeon)	Does not include removal of a foreign body from the cornea. Any gas in globe must be reabsorbed
(6B.1) Intraocular surgery WITH gas	Within 7 days or while there is any air or gas within the globe	Within 8-42 days	Any gas injected into the globe must be absorbed prior to travel
(6B) Intraocular surgery WITHOUT gas admixture (e.g. oil only)	Within 24 hours	Within 2-14 days and must be provided by the treating surgeon (ophthalmologist)	
(6C) Cataract surgery	Within 24 hours	Within 1-3 days and must be provided by the treating surgeon (ophthalmologist)	
(6D) Corneal laser surgery	Within 24 hours	1-3 days	
(6E) Severe otitis media (middle ear infection)	While the eustachian tube is blocked		Must be able to clear ears
(6F) Severe paranasal sinusitis	While the sinus is obstructed		
(6G) Inner or middle ear surgery	Within 9 days	Within 10-21 days and must be provided by the treating ENT surgeon (Otolaryngologist)	Includes the insertion of a cochlear implant
(6H) Insertion of grommets			Refer (10A) Anaesthetics
(6I) Fractured jaw (surgically wired)	Without an escort carrying appropriate cutters	Travel can be permitted without an escort or cutters, if quick self-release wiring has been used	
(6J) Dental procedures (e.g. root canal, extractions, implants)	Within 24 hours		Ensure adequate analgesia
CATEGORY 7 - CONTAGIOUS OR INFECTIOUS CONDITIONS			
(7A) Includes, but is not confined to: Varicella ('chicken pox'), Herpes zoster ('shingles'), Hepatitis A, Gastroenteritis, Measles, Mumps, Rubella ('German measles'), Pneumonia, Meningitis, Pertussis ('whooping cough'), Tuberculosis [TB]*	While there is a risk of transmission to other passengers or crew (whether as a result of active infection or possible infectious incubation)	While still showing symptoms, if the condition is no longer infectious and incubation period has passed	*The incubation period of the particular illness should be considered

Continues next page...

Effective 04 February 2016

CODE/ MEDICAL CONDITION	UNACCEPTABLE FOR TRAVEL	MEDICAL CLEARANCE REQUIRED	COMMENTS
CATEGORY 8 - ORTHOPAEDICS			
(8A.1) Fractures - Upper Limb	Can travel after 24hours following injury if no neurovascular compromise	Within 7 days	No requirement to split cast
(8A.2) Fractures - Lower Limb	Encircled cast of LEG must be split if applied within 48 hours prior to travel	Within 7 days	Note: Anaemia and DVT criteria might also apply and will overrule these provisions
(8B) Arthroscopic joint surgery	Less than 24 hours		Consider mobility assistance
(8C) Large joint replacement surgery (hip, knee, shoulder)	Less than 7 days unless uncomplicated single joint surgery and approval sought after operative details provided to Guest Contact Centre	From 7 days and must be provided by the treating orthopaedic surgeon or senior deputy	Consider DVT prophylaxis. Mobility criteria may also apply and will overrule these provisions
CATEGORY 9 - PREGNANCY AND NEWBORN			
(9A) Pregnancy Flights greater than 4 hours	<ul style="list-style-type: none"> • Single pregnancy - after the 36th week • Multiple pregnancy - after the 32nd week • Within 48 hours delivery Normal Vaginal Delivery (NVD) 	<ul style="list-style-type: none"> • Any pregnancy with complications will require a medical clearance • Within 5 days of normal vaginal delivery (exclusion caesarean refer 5B) 	Risk of labour must be minimal. Note: After 28 th week of pregnancy every passenger must carry at all times, a letter dated no more than 10 days prior to travel from a doctor, or midwife outlining the following: <ul style="list-style-type: none"> • Estimated date of confinement • Single or multiple pregnancy • Absence of complications • Fitness to fly for duration of flight booked
(9A.1) Pregnancy Flights less than 4 hours	<ul style="list-style-type: none"> • Single pregnancy - after the 38th week • Multiple pregnancy - after the 36th week • Within 48 hours delivery Normal Vaginal Delivery (NVD) 	<ul style="list-style-type: none"> • Any pregnancy with complications will require a medical clearance • Within 5 days of normal vaginal delivery (exclusion caesarean refer 5B) 	Risk of labour must be minimal. Note: After 28 th week of pregnancy every passenger must carry at all times, a letter dated no more than 10 days prior to travel from a doctor, or midwife outlining the following: <ul style="list-style-type: none"> • Estimated date of confinement • Single or multiple pregnancy • Absence of complications • Fitness to fly for duration of flight booked
(9B) Infancy	Infants less than 48 hours old OR requiring an incubator or ventilator	Infants less than 7 days old, or with history of complications at birth or premature delivery	Risk of hypoxia if respiratory system not yet fully developed
(9C) Miscarriage (threatened or complete)	While there is active bleeding	Within 7 days of bleeding	Must be stable, no bleeding and no pain for at least 24 hours

Continues next page...

Effective 04 February 2016

CODE/ MEDICAL CONDITION	UNACCEPTABLE FOR TRAVEL	MEDICAL CLEARANCE REQUIRED	COMMENTS
CATEGORY 10 - OTHER CONDITIONS AND PHYSIOLOGICAL STATES			
(10A) Anaesthetics - general	≤ 24 hours of having a general anaesthetic	≥24 hours of having a general anaesthetic where medical condition contraindicates travel within this time	Refer to specific medical conditions guidelines to determine fitness to travel
(10B) Supplemental oxygen required		Medical clearance always required; medical practitioner can stipulate that clearance is valid for 6 months from date of issue, unless there has been a recent acute exacerbation or hospital admission for a directly related complaint. Please see additional information about oxygen	Note: Other provisions might also apply depending upon the condition for which oxygen is required. Refer to Flying with medical conditions – Supplementary Oxygen on website: http://www.virginaustralia.com/au/en/plan/special-needs-assistance/medical-conditions/
(10C) Breast surgery (including augmentation or reduction procedures)	Less than 24 hours	Within 2-4 days	Ensure adequate self-administered analgesia
(10D) Plastic surgery of the superficial soft tissues, muscles and skin	Less than 24 hours		Ensure adequate self-administered analgesia
(10E) Introduction of air or other gases to the body cavities for diagnostic or therapeutic purposes (e.g. facit joint blocks, laparoscopy)	Less than 24 hours	Within 7 days	
(10F) CAPD (Continuous Ambulatory Peritoneal Dialysis)		May travel if clinically stable and Hb>8.0g/L. Should travel with additional CAPD fluid bags in case of delays	Must have doctor's letter to present to airport security upon demand
(10G) Anaphylaxis/allergies (severe, or even life-threatening)		For passengers who believe they have this condition but are not in possession of appropriate medication for treatment, a letter or management plan from their medical practitioner will be required	Passengers must be at a low risk of a reaction onboard. Virgin Australia 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 an escort/carer/companion, are willing and capable of administration if required
(10H) Scuba Diving	Within 24 hours of the last dive	Not required after 24 hours unless recent decompression sickness	
(10K) Decompression sickness	Within 3 days for the bends 7 days with neurological symptoms	Within 4-7 days	Medical clearance MUST be provided by a specialist in hyperbaric medicine

Continues next page...

Effective 04 February 2016

CODE/ MEDICAL CONDITION	UNACCEPTABLE FOR TRAVEL	MEDICAL CLEARANCE REQUIRED	COMMENTS
CATEGORY 10 - OTHER CONDITIONS AND PHYSIOLOGICAL STATES			
(10L) Terminal or serious illness, not otherwise specified	If significant deterioration or incapacitation is likely to occur during the flight, OR if condition is likely to require active medical intervention during flight		Other provisions may also apply including a medical escort/retrieval team
(10M) Extensive burns or wounds	Where the wounds are extensive and might permit seepage of blood or tissue fluid during the flight		Consideration should be given to wounds on pressure sensitive surfaces such as the buttocks, feet and back
(10N) Transurethral Resection of the Prostate (TURP)	<48 hours	Up to 72 hours	
(10O) Thyroidectomy/ Hemithyroidectomy	<48 hours	Up to 5 days	

NOTE: AT TIME OF TRAVEL

If a passenger presents physically ill (e.g. vomiting or requiring first aid oxygen) in the terminal area or while boarding the aircraft, or presents other symptoms which create a reasonable concern that the passenger may not be able to complete the flight safely, the passenger may be denied boarding and not be permitted to travel until medical clearance is obtained.

Effective 04 February 2016

Part 3 - Medical Clearance Form

1. PERSONAL INFORMATION				
Name/Title:		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Age:
2. TRAVEL INFORMATION (To be completed by the guest)				
Reservation Number(s)				
Flight Sector(s)	Date	Flight Number	Travelling From	Travelling To
1				
2				
3				
4				
3. MEDICAL CONDITION (To be completed by the treating doctor)				
Code		Medical condition		
Code		Medical condition		
Code		Medical condition		
Additional medical information (e.g. comorbidities, medications, vital signs): _____ _____				
Date of diagnosis:		Date: ____/____/____		
Date of any recent surgical operation:		Date: ____/____/____		
NOTE: Codes 1E, 3A, 4D				
Please confirm where indicated that an X-ray or other imaging has occurred to confirm that there is no air either in the pleural, mediastinum or cranial cavities:				
Yes <input type="checkbox"/> No <input type="checkbox"/> X-ray <input type="checkbox"/> Other: _____				
If NO, the guest will be denied travel until medical confirmation is received.				
Is the passenger FREE from Contagious AND Communicable disease? Yes <input type="checkbox"/> No <input type="checkbox"/> (Specify)				

Continues next page...

Effective 04 February 2016

4. ASSISTANCE REQUIREMENTS	
a) Wheelchair required? No <input type="checkbox"/> Yes <input type="checkbox"/> Gate (WCHR) <input type="checkbox"/> Door (WCHS) <input type="checkbox"/> Seat (WCHC) <input type="checkbox"/>	
b) Is an escort required in flight to assist with eating, medications and toileting? No <input type="checkbox"/> Yes <input type="checkbox"/>	
c) Is a medically trained escort necessary? No <input type="checkbox"/> Yes <input type="checkbox"/> Escort Name: Qualifications:	
5. OXYGEN REQUIREMENTS	
All oxygen and medical equipment requests must meet airlines requirements refer to In-flight Oxygen (http://www.virginaustralia.com/au/en/plan/special-needs-assistance/medical-conditions/) otherwise must be approved by Virgin Australia Engineering.	
1. Does your patient require oxygen during flight? (refer to Category 3 and http://www.virginaustralia.com/au/en/plan/special-needs-assistance/medical-conditions/)	No <input type="checkbox"/> Yes <input type="checkbox"/> 2LPM <input type="checkbox"/> 4LPM <input type="checkbox"/> Intermittent <input type="checkbox"/> Continuous <input type="checkbox"/>
2. If your patient requires oxygen, do they have the physical and cognitive ability to see, hear, understand, and take appropriate action in response to the device's aural and visual cautions and warnings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Does your patient intend on using medical equipment onboard, please specify which is applicable?	(i) On the ground while at the airport? Yes <input type="checkbox"/> No <input type="checkbox"/> (ii) Onboard the aircraft? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Specify the name and type of medical equipment required	

Continues next page...

Effective 04 February 2016

6. DOCTOR'S DECLARATION (To be completed by the treating doctor)

I have read and understood the Virgin Australia Medical Clearance Guidelines (VAGP-MED-01) and I certify that the above named passenger has been assessed by me as fit to travel on the nominated 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.

I, (name of doctor) hereby declare that to the best of my knowledge,
 (name of passenger) is fit to travel.

Doctor's Signature	Date	Date Clearance Valid Until	Qualifications/Provider Number:
Practice Name/Hospital Name:			
Phone Number - Business Hours:		After Hours:	
Address:			Country:

As a courtesy, Virgin Australia may notify any doctor who clears a passenger for travel if the condition of the passenger deteriorates inflight, or if the level of care required for that passenger results in an interruption to normal operations.

We are collecting your personal information. Please read our [Privacy Statement – Virgin Australia \(Health Information\)](#) and [Privacy Policy](#) located on our website for information about how we will handle this information, our likely overseas disclosures and how you can access your personal information or make a privacy complaint.

7. PASSENGER DECLARATION (To be completed by passenger)

I declare that the information contained on this Part 4 - Medical Clearance Form is accurate. I authorise Virgin Australia 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 Virgin Australia reserves the right to refuse travel, notwithstanding completion of this form, if the Airline considers that it is not in my best interests to fly.

Passenger's Signature	Date