

Part 1 - Medical Clearance Request; 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 Request 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 Request 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 permitted 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) 07 3295 3100

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

Within Australia	1300 139 303
Anywhere else in the world	(+61) 07 3295 3941

Thank you,
Virgin Australia Group Medical Services

Part 2 - Guidelines to be referred to by medical practitioner

These guidelines must be used in conjunction with the Virgin Australia *Medical Clearance Request 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 (approx. 30-40% at cabin altitude) 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 is required before travel. If Medical Clearance is required before travel, the Part 3 - *Medical Clearance Request Form* **must** be completed by a medical practitioner (AHPRA registered doctor or equivalent).

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.

CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
CATEGORY 1 - CARDIOVASCULAR AND CIRCULATORY CONDITIONS			
(1A) Heart attack (myocardial infarction)	NSTEMI or STEMI	Within 8-21 days (see below).	Wheelchair assistance to limit ambulation may be necessary. *In limited circumstances LOW RISK cases may be considered for travel within 3 days if all BCS criteria are met. Treating team need to provide information regarding cardiac status with MEDA form submission.
	LOW RISK - within 7 days* MEDIUM RISK- not less than 10 days HIGH RISK- until stable		
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 ≥10 days Low risk* = 1st cardiac event, age<65, successful reperfusion, EF>45%, uncomplicated and no further investigations or interventions planned.			
(1B) Angina	Unstable angina.	Angina control achieved within last 14 days.	Must be able to walk at least 50m and carry out other Activities of Daily Living (ADLs) without chest pain or breathlessness, and without the need for supplemental oxygen to control symptoms.

CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(1C) Significant cardiac arrhythmia	Within 3 days.	Within 4-21 days	Does not include arrhythmias considered by the treating medical practitioner to be benign such as AF.
(1D) Heart failure (congestive cardiac failure)	Uncontrolled heart failure or requiring ventilatory support within last 14 days.	Not required if controlled.	Controlled = Must be able to walk at least 50m at normal pace and carry out other Activities of Daily Living (ADLs) without chest pain or breathlessness. In-flight oxygen may need to be considered. A heart attack (myocardial infarction) within 21 days overrides these provisions
(1E) Cardiothoracic surgery - where the chest cavity is opened	10 days or less. (Includes CABG, valve surgery, transplants, ASD/VSD repair, lobectomy, pleurectomy, open lung biopsy etc.)	11-21 days	In assessing fitness to fly, the treating clinician must, in addition to any other assessment, confirm there is no pneumothorax and indicate this confirmation on MED-01 Part 3
(1F) Cardiac angiography (Heart - coronary artery X-rays)	Less than 24 hours.	1-21 days	A heart attack (myocardial infarction) within 21 days overrides these provisions
(1G) Cardiac angioplasty with or without stent insertion	2 days or less.	3-21 days	A heart attack (myocardial infarction) within 21 days overrides these provisions
(1H) DVT (Deep Vein Thrombosis) or PE (Pulmonary Embolism).	4 days or less after onset.	5-21 days	Anticoagulation must be stable and oxygenation on room air must be normal.
(1I) Pacemakers and internal (implanted) defibrillators	Less than 24 hours after insertion.	1-7 days	Treating clinician must confirm there is no pneumothorax and indicate this confirmation on MED-01 Part 3
(1J) Ablation Therapy	Less than 2 days.	2-7 days	
(1K) Pulmonary Hypertension	WHO Class IV Significant right heart failure If unstable or recent significant exacerbation (within 7 days)	WHO Class I, II or III All cases where long-term oxygen therapy is used on the ground, or where resting and exercise SpO ₂ levels at sea level are reduced (e.g. <92%)	In-flight oxygen is recommended in most cases. Altitude simulation studies may be required.

CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(1L) Transcatheter Aortic Valve Implantation (TAVI)	Transfemoral; 7 days or less Other approaches; 2 weeks or less	Up to 4 weeks post procedure	
(1M) Endovascular procedures (e.g. stent insertion)	2 days or less	3-21 days	
CATEGORY 2 - BLOOD CONDITIONS			
(2A) Anaemia	Hb less than 9.5g/dL due to active bleeding	Hb <9.5 g/dL in chronic disease, stable	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	Within 9 days of a sickling crisis.	10 days or more	Chronic disease MUST have supplemental oxygen.
CATEGORY 3 - RESPIRATORY CONDITIONS			
(3A) Pneumothorax or (occurring spontaneously or post-traumatic)	7 days or less after full lung expansion	8-21 days after full lung expansion.	Treating clinician must confirm there is no residual air in the pleural space and indicate this confirmation on MED-01 Part 3
(3B) Chronic lung diseases (COPD, emphysema, chronic bronchitis, pulmonary fibrosis, bronchiectasis etc.)	Unresolved recent exacerbation or required ventilatory support within the last 14 days. Hypoxia on the ground despite supplemental oxygen.	Where supplemental oxygen is required during the flight OR if unable to walk 50m - at slow pace, without supplemental oxygen OR recent exacerbation in last 7 days. Those with previous significant intolerance to air travel, such as in-flight emergency oxygen requirements or diversion.	In-flight supplementary oxygen may be needed. Altitude simulation studies may be required.
(3C) Asthma	Recent severe attack within 48 hours (requiring hospitalisation, or bronchodilator being required more than 3 hourly.	Recent deterioration or instability.	Must be stable with no symptoms and no infection. To carry usual medication in hand luggage.
(3D) Pneumonia	Acute, with symptoms	Within 7 days of resolution, with complications or ongoing symptoms	Note: Contagious or infectious conditions provisions may also apply. Refer (7A)
(3E) Tuberculosis	Untreated or within the first 2 weeks of treatment.	All cases of tuberculosis.	Treating clinician must confirm that the person is not infectious.

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(3F) Lung cancer	Acute, with symptoms	Where supplemental oxygen is required during the flight OR if unable to walk 50m - at slow pace, without supplemental oxygen OR recent exacerbation in last 7 days.	In-flight supplementary oxygen may be needed. Altitude simulation studies may be required.
(3G) Bronchoscopic procedures (interventional)	7 days or less after interventional bronchoscopy (e.g. TBNA, TBB, EBUS, EBV insert)	8-14 days [NB not required for diagnostic only procedures]	Treating clinician must confirm there is no pneumothorax and indicate this confirmation on MED-01 Part 3
CATEGORY 4 - NEUROLOGICAL AND PSYCHIATRIC CONDITIONS			
(4A) Stroke (cerebrovascular accident)	4 days or less	5-14 days	Must be self-sufficient regarding self-care and mobility, otherwise escort will be required. If within 2 weeks of CVA should receive supplemental oxygen (Refer to 10B).
(4B) Transient Ischaemic Attack (TIA)	2 days or less	3-7 days	Must be stabilised and appropriately investigated.
(4C) Seizure/Fits, including epilepsy	24 hours or less since last seizure	Within 7 days of last seizure, or if there has been a previous in-flight seizure event.	If ongoing seizure risk and/or concerns for stability, may require medical escort.
(4D) Cranial surgery	9 days or less	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
(4E) Spinal surgery Minimally invasive (e.g. microdiscectomy) Major surgery (e.g. open decompression, multi-level fusion)	Within 3 days of surgery Within 7 days of surgery	4 or more days after surgery, with approval from surgeon. 8 or more days, up to 12 weeks from injury/surgery.	Passengers must be able to sit upright for take off and landing, and be able to tolerate unexpected turbulence and vibration associated with flight. Wounds should be healed/dry. Standard aircraft fitted life jackets may not fit passengers wearing a HALO brace - carriage of own device should be taken.
(4F) Intracerebral haemorrhage	2 weeks	2-12 weeks	Must be self-sufficient regarding self-care and mobility, otherwise escort will be required.
(4G) Head injury associated with loss of consciousness and/or skull fracture	2 days or less	2-10 days or if a seizure was associated with the head injury	No evidence of pneumocranium or current CSF leak - must indicate this confirmation on MED-01 Part 3.

CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(4H) Significant psychiatric conditions (including mania, schizophrenia, drug induced psychosis etc)	If significant risk of deterioration inflight – including risk of harm to self or others, or behaviour that would require active medical intervention during flight.	Within 30 days of significant episode or hospitalisation.	The treating clinician should consider the possible stress of travel on the individual. Travel may be approved with a suitable medical escort, carer and/or security escort. Risk assessment required if there is any history of aggression or violence.
(4I) Dementia or other medical cause of cognitive dysfunction	If unstable OR likely to deteriorate (risk of acute behavioural problems or distress) 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.	Dementia/cognitive dysfunction requiring the support of others to live within the community or residential facility.	The treating clinician should consider whether the individual could manage independently in the event of an emergency and/or flight disruption, and whether they are at risk of delirium and/or disorientation during journey. Also consider any concomitant medical issues and ability to manage toileting needs. A carer will be required if assistance is needed in the airport, lounge, to/from ground transport, as well as inflight. Travel, fatigue and circadian rhythm change can significantly destabilise a person with dementia/cognitive dysfunction.
CATEGORY 5 - GASTRO-INTESTINAL CONDITIONS			
(5A) Acute infections such as gastro-enteritis and Hepatitis A	If symptomatic and with risk of transmission of infection to other passengers or to crew		See also contagious or infectious condition. Refer (7A) Incubation and infectivity period of specific infection should be considered by the treating clinician.
(5B) Open abdominal surgery (e.g., Laparotomy, Appendectomy, Hysterectomy, Bowel resection, Caesarean, Radical Prostatectomy)	7 days or less	7-14 days post operatively, or if any significant complications	Passenger must be able to open bowels/pass flatus. Open means through full incision, rather than keyhole/laparoscopic surgery.
(5C) Laparoscopic (keyhole) surgery e.g. laparoscopic appendectomy or cholecystectomy)	4 days or less	5-14 days post operatively, or if any significant complications	All gas must be absorbed. Passenger must be able to open bowels/pass flatus.

CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(5D) Diagnostic laparoscopy	Within 24 hours of procedure	1-7 days post operatively	All gas must be absorbed.
(5E) Gastrointestinal bleeding	Within 24 hours of bleed	1-14 days following bleed	Can travel days 1-14 if there is clear evidence (e.g. endoscopic) of cessation of bleeding and Hb is stable. Hb more than 9.5g/dL – see condition (2A)
CATEGORY 6 - EYE CONDITIONS			
(6A) Penetrating eye injury or hyphaemia (bleeding into the front of the eye)	6 days or less	7-14 days, Travel Clearance Form to be completed by Ophthalmologist (Eye specialist)	Any gas in the globe must be resorbed. Does not include removal of corneal foreign body.
(6B) Retinal detachment Untreated Treated (laser surgery or injected oil)	N/A – may be able to travel within 24 hours	Up to 14 days, Travel Clearance Form to be completed by Ophthalmologist (Eye specialist)	The treating Ophthalmologist must be satisfied that there will be no deterioration during flight.
(6C.1) Intra-ocular surgery with gas	6 days or less	8-42 days <i>C3F8 gas – up to 12 weeks</i> <i>SF6 gas – up to 4 weeks</i> <i>C2F6 gas – up to 8 weeks</i>	Any gas injected into globe must be re-absorbed, specialist clearance required to confirm type of gas used and fitness to fly commercially.
(6C.2) Intra-ocular surgery without gas	Less than 24 hours	Up to 14 days post operatively	Travel Clearance Form to be completed by Ophthalmologist (Eye specialist)
(6D) Cataract surgery	Less than 24 hours	1-3 days post operatively	Travel Clearance Form to be completed by Ophthalmologist (Eye specialist)
(6E) Corneal laser surgery	Less than 24 hours	1-3 days post operatively	Travel Clearance Form to be completed by Ophthalmologist (Eye specialist)
CATEGORY 7 - EAR, NOSE AND THROAT CONDITIONS			
(7A) Otitis media (middle ear infection)	Acute illness with loss of Eustachian function (unable to clear ears)	-	Must be able to clear ears
(7B) Sinusitis	Acute illness with sinus pain/pressure at sea level	-	Must be free of sinus pain/pressure
(7C) Inner or middle ear surgery (including cochlear implant surgery)	9 days or less	10-14 days post operatively	Travel Clearance Form to be completed by ENT Specialist Not required for grommets - NB anaesthetic limitations apply, see (11A)

CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(7D) Fractured jaw (surgically wired)	Without escort carrying appropriate cutters	Within 14 days	Suitably trained escort carrying wire cutters required.
(7E) Tonsillectomy	10 days or less*	Up to 21 days post operatively.	*Significant risk of bleeding days 1-2 and days 7-10. Travel may be considered between days 3-6 if ENT Specialist is satisfied that there will be no deterioration during flight.
(7F) Tracheostomy	Within 14 days of insertion	All persons with tracheostomy in situ	Must carry spare tracheostomy tube and suction device (battery operated). Must be able to change tube and manage any associated complications or be escorted by someone who can do so. Low humidity inflight may affect secretions, so extra moisturisation and suctioning may be required.
(7G) Rhinoplasty	Less than 7 days	8-14 days	
CATEGORY 8 - INFECTIOUS OR CONTAGIOUS CONDITIONS*			
(8A) COVID-19	Not considered fit to fly whilst there is a risk of transmission to other passengers or crew (whether as a result of active infection or possible infectious incubation).	Required if symptomatic	Virgin Australia does not require guests to undertake a COVID-19 test prior to departure. Some destinations may require you to provide evidence of a negative COVID-19 test prior to entry. Guests experiencing COVID-19 like symptoms should undertake a COVID-19 test prior to travel.
(8B) Varicella Zoster virus (Chicken Pox or Shingles)	If active lesions are present (all lesions must be dry/crusted)	-	Not considered fit to fly whilst there is a risk of transmission to other passengers or crew (whether as a result of active infection or possible infectious incubation). *This is not an exhaustive list of all infectious conditions – guests
(8C) Rubella (German Measles)	Within 5 days of the onset of the rash	-	
(8D) Measles	Within 7 days of the onset of the rash	-	
(8E) Mumps	Within 9 days of the onset of swelling	-	
(8F) Influenza	If symptomatic	-	
(8G) Impetigo ("school sores")	If untreated and/or if active lesions uncovered	-	

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(8H) Pertussis (Whooping cough)	Within 3 weeks from the onset of the whoop (if not on treatment) or within 5 days of effective antibiotic therapy	-	to consult with their healthcare provider for further advice.
(8I) Scabies	If untreated or within 1 day of treatment starting	-	
CATEGORY 9 - ORTHOPAEDICS			
(9A) Fractures (limbs) in plaster casts	Cast must be split if applied less than 48 hours prior to departure. (Fractures supported by a backslab or sling only do not require clearance)	Within 7 days of injury or surgical procedure (whichever is later)	Treating clinician to consider mobility and elevation requirements, and DVT prophylaxis. If elevation or extension of the lower limb is required, and/or there is a full leg cast or brace in situ, the seat(s) booked must be of a design/location that can accommodate the leg without aisle obstruction. Please note that guests with casts/braces or recent limb surgery cannot be accommodated in emergency exit rows.
(9B) External fixator	Less than 24 hours	Within 14 days of surgical procedure	
(9C) Arthroscopic joint surgery	Less than 24 hours	Within 7 days of surgical procedure	
(9D) Large joint replacement surgery (hip, knee, shoulder)	Less than 24 hours	Within 14 days of surgical procedure	
CATEGORY 10 - PREGNANCY AND NEWBORN			
(10A.1) Pregnancy Flights greater than 4 hours	Single pregnancy; after the 36 th week Multiple pregnancy; after the 32 nd week	Any pregnancy with complications will require a medical clearance.	Risk of labour must be minimal. Note: After 28 th week of pregnancy every pregnant 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
(10A.2) Pregnancy Flights less than 4 hours	Single pregnancy; after the 40 th week Multiple pregnancy; after the 36 th week	High risk pregnancies or where no antenatal care has been provided should have a dedicated air ambulance transport.	
(10B.1) Post partum – normal vaginal delivery	-	Within 5 days of normal vaginal delivery, or if any complications.	
(10B.2) Post partum – Caesarean section	7 days or less	7-14 days post operatively, or if any significant complications	See (7B)

CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(10C) Infancy/Newborn	Less than 48 hours old OR requires and incubator/ventilator	3-7 days or history of complications, e.g. premature birth	Risk of hypoxia if respiratory system not yet fully developed
(10D) Miscarriage (Threatened or complete)	With active bleeding and/or pain	Within 7 days of bleeding	Must be stable, no bleeding and no pain for at least 24 hours
(10E) Ectopic Pregnancy	With active bleeding and/or pain	Within 7 days of bleeding	Hb not less than 9.5 g/dL.
(10F) Foetal surgery	4 days or less	5-14 days post operatively, or if any significant complications	Obstetrician must be satisfied that risk of labour and other complications are minimal.
CATEGORY 11 - OTHER SURGICAL OR INTERVENTIONAL PROCEDURES			
(11A) General anaesthetic	Less than 24 hours	(Depends on type of surgery – refer to specific guidance)	Treating clinician to note date and time of GA in Part 3 .
(11B) Breast surgery (including reduction and augmentation)	Less than 24 hours	2-7 days	Ensure adequate analgesia.
(11C) Plastic surgery of superficial soft tissues, muscles, and skin (Including cosmetic surgery)	Less than 24 hours	2-7 days	Ensure adequate analgesia. For procedures affecting ability to sit down; passenger must be able to sit down for take-off, landing and duration of flight if required. Clearance cannot be given for standing for extended period beyond normal in-cabin movements.
(11D) Colonoscopy/ Endoscopy	Less than 24 hours	If any procedural complications	
(11E) Transurethral Resection of the Prostate (TURP)	Less than 3 days	3–14 days post procedure	Passenger must have passed trial of void and urologist satisfied that they are at minimal risk of urinary retention.
(11F) Thyroidectomy/ hemi-thyroidectomy	Less than 5 days	5-14 days post procedure	
CATEGORY 12 - OTHER CONDITIONS AND PHYSIOLOGICAL STATES			
(12A) Supplemental oxygen required	-	Medical clearance always required. Please see additional information about oxygen.	Note: Other provisions might also apply depending upon the condition for which oxygen is required. Please refer to “Flying with medical conditions – Oxygen in flight” on the VA website here

CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(12B) Anaphylaxis/ severe allergies	-	Recommended in all cases where there is a possibility of allergen exposure in the aircraft environment.	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.
(12C) Burns	If systemically unwell (e.g. shock and/or sepsis) or with widespread infection or greater than 20% total of body surface area	Within 7 days of burn or surgical treatment.	Consideration should be given to location of burns/wounds on pressure sensitive areas and the ability to sit for prolonged periods.
(12D) Diabetes mellitus (insulin dependent)	Unstable blood sugars Hospitalisation within 7 days for DKA	Instability of blood sugar levels within last 14 days. Clinically significant end organ damage that may impact ability to travel	Time zone changes, long haul flights, different foods and exercise routines can all cause control difficulties during travel. Monitor BSLs closely, diabetic meals available. Keep medication in hand luggage, including hypo kit. Advise airport security screeners of use of Insulin pump/CGM transmitter (should not be removed or exposed to x rays)
(12E.1) Dialysis; CAPD	If acutely unwell, clinically unstable or with fluid overload causing cardiorespiratory compromise	If Hb <8.5 g/dL	Should travel with additional CAPD fluid bags in case of delays. Consider VTE prophylaxis.
(12.E2) Dialysis; haemodialysis	If acutely unwell, clinically unstable or with fluid overload causing cardiorespiratory compromise	If Hb <8.5g/dL	Suggest dialysis the day prior to travel if possible. Consider VTE prophylaxis.
(12F) Decompression illness	Less than 3 days for the bends. Less than 7 days with neurological symptoms.	In all cases; within 10 days of completion of treatment.	Travel clearance form to be completed by specialist in Hyperbaric Medicine.
(12G) Scuba Diving	Less than 24 hours since last dive	Not required unless recent decompression illness	Clinician to consider longer period for decompression dives or extended/multiple dives.

CODE/MEDICAL CONDITION	NOT SUITABLE FOR TRAVEL	MEDICAL CLEARANCE REQUEST FORM REQUIRED	COMMENTS FOR TREATING DOCTOR
(12H) Chemotherapy	If acutely unwell, clinically unstable or suffering significant side effects of treatment.	If any recent complications or concerns from oncologist.	Consider consequences of immune suppression for journey. Liaise with treating oncologist for advice.
(12I) Terminal illness	Individual assessment of cases If aviation environment or travel journey may exacerbate condition (e.g. hypoxic environment, thrombotic risk etc)	In all cases.	Travel will not be approved for passengers at high risk of complications or death during flight. Medical condition may require escorts/carers or oxygen. If a Do Not Resuscitate order is in place, please advise our Guest Contact Centre team.

NOTE: AT TIME OF TRAVEL

If a passenger presents physically ill (e.g., coughing, 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, or may present a risk to the safety of others, the passenger may be denied boarding and not be permitted to travel until their condition has improved and further medical clearance is obtained.

Part 3 - Medical Clearance Request Form

1. Personal Information				
Name:			DOB:	
Phone number:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Email address:				
2. Travel Information (to be completed by the guest)				
Booking Reference:				
International transfer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Country:	
Flight Sector(s)	Date	Flight Number	Travelling from	Travelling To
1				
2				
3				
3. (A) Medical Information (to be completed by the treating doctor)				
Virgin Code (See part 2)	Medical Condition(s)/Diagnosis		Date of diagnosis/onset of current illness	
Virgin Code (See part 2)	Surgical procedure(s) – if applicable		Date of procedure* (*If <24 hours; time of GA)	
Date of Discharge: ___ / ___ / ___				
Additional relevant medical information (e.g., complications, comorbidities, medications, medical events):				

Continues next page...

4. Assistance Requirements	
a) Is a wheelchair required?	Yes <input type="checkbox"/> (see 4b) No <input type="checkbox"/>
b) If yes, is wheelchair assistance required to the: Gate <input type="checkbox"/> Aircraft door <input type="checkbox"/>	Seat <input type="checkbox"/> (see 4c)
c) Is the passenger able to transfer from wheelchair to aircraft seat?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Is a carer required in-flight to assist with eating, medications and toileting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, name of non-medical escort/carers: _____	
e) Is a medically trained escort/carers necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, name and qualifications of medical escort/carers: _____	
f) Reservation/ticket number of escort (if applicable):	
5. Oxygen Requirements	
NOTE: Virgin Australia is not responsible for the provision of oxygen outside of requirement for in-flight emergency.	
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)	Yes <input type="checkbox"/> No <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Flow rate _____ LPM
2. If your patient requires oxygen, are they able 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"/>
6. Personal Medical Equipment Requirements	
3. Does your patient intend on using medical equipment onboard, please specify which is applicable?	On the ground while at the airport? <input type="checkbox"/> Onboard the aircraft? <input type="checkbox"/>
NOTE: Virgin Australia recommends any guests requiring the use of a medical device ensure sufficient battery power is available to last beyond flight duration as power is <u>not</u> available in flight (e.g., 2 full batteries).	
Type of device: Manufacturer: Battery type:	
Type of device: Manufacturer: Battery type:	
PLEASE ATTACH EQUIPMENT LIST TO THIS DOCUMENT IF PROVIDED SPACE IS INADEQUATE	

Continues next page...

7. Doctor's Declaration (To be completed by the treating doctor)		
<p><i>I have read and understood the Virgin Australia Medical Clearance Guidelines (VAGP-MED-01) and I certify that the below-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 medical condition that could directly place another passenger or the crew at risk and that I have explained the potential risks of air travel to them in the context of their medical condition. I understand that Virgin Australia Medical staff may require further information and will contact me if required.</i></p> <p>Please note that this form is a <u>request</u> for Medical Clearance to travel only, the final approval is made by Virgin Australia and its medical team.</p> <p>PLEASE PRINT IN CAPITAL LETTERS</p> <p>I, (name of doctor) hereby declare that to the best of my knowledge, (name of passenger) is fit to travel.</p>		
Doctor's Signature	Date	Qualifications/Provider Number:
Practice/Hospital (including Name and Address):		
Phone Number - Business Hours*:	After Hours Phone*:	
<p>(*Please provide numbers upon which you can be contacted to discuss the passenger's fitness to travel. Inability to contact the clinician may result in the patient not being approved for travel).</p>		

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.

As a courtesy, Virgin Australia may notify any doctor who requests a medical clearance for a passenger to 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. Depending on the nature of the event, the passenger may be placed on a medical watch list to ensure that appropriate medical assessment occurs for subsequent flights.

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8. Passenger Declaration (To be completed by passenger)

I declare that the information contained on this Part 3 - Medical Clearance Request Form is accurate. I authorise Virgin Australia to use and release this information as required in the event of an emergency. I acknowledge that the operational 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.

Please note; this section must be signed by the passenger or their legal guardian.

Passenger's Signature	Date