

# Pilots for Christ International, Inc.- Minnesota Chapter

Phone 952.898.0408 or 952.250.1231



## Physician's Evaluation of Eligibility

The patient would most likely be transported in a light General Aviation aircraft, unpressurized and at altitudes of up to 8,000 feet above sea level. If you can approve this patient taking this flight, **please do so on the following form and return it to the patient/parent/guardian** as soon as possible. If you have any questions, please do not hesitate to call us at the number above.

**Patient's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

If patient is a minor, enter name of the parent or guardian: \_\_\_\_\_

Parent/guardian address if different from minor's: \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Patient's Diagnosis:** \_\_\_\_\_

Medical reason for requested air travel: (please check all that apply)

- (a) Time-Critical
- (b) Financially Needy [individual and family unable to provide finances for trip]
- (c) Compassion [physically unable to travel by any other means]
- (d) Lack of local/nearby commercial service
- (e) Low Immunity System
- (f) Other, please explain: \_\_\_\_\_

To the best of my knowledge, this patient/family is eligible for charitable transportation. I am sufficiently familiar with aviation physiology to be of the opinion that this patient can travel in small aircraft at ambient pressure altitudes up to 8,000 feet above sea level.

Also, at this time, to the best of my knowledge, this patient/family does not have an infectious condition (including COVID 19, but not limited to) that could transfer to the pilot and/or other passengers.

Signed: \_\_\_\_\_, M.D./D.O.

Date: \_\_\_\_\_