



## Pilots for Christ International

Phone: (616) 884-6241 Fax: (616) 887-6079

### Physician's Evaluation of Eligibility

The patient would most likely be transported in a light General Aviation aircraft, pressurized or not at altitudes up to 8,000 feet above sea level. If you can approve this patient taking this flight, please e-sign the following form and it will automatically return to our office. If you have any questions, please do not hesitate to call

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 "X" 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 or in a normally pressurized aircraft.

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