

ETIHAD AIRWAYS

FITNESS TO FLY
GUIDELINES

THE RESPONSIBILITY FOR MEDICAL CLEARANCE

A physician who does not specialize in or has experience with aeromedical transportation, may not be fully familiar with all the particular medical challenges involved or the stresses to which a patient will be exposed when travelling by air. The decision of whether or not a guest is fit to travel, remains that of the Etihad Airways Medical Centre (EAMC).

INDICATIONS FOR MEDICAL CLEARANCE

Medical clearance is required if the guest:

1. suffers from any condition which is believed to be actively contagious and communicable;
2. because of the physical or behavioural condition, is likely to be a hazard or cause discomfort to other guests;
3. is considered to be a potential hazard to the safety or punctuality of the flight, including the possibility of diversion;
4. is incapable of caring for himself and requires special assistance;
5. has a medical condition which may be adversely affected by the flight environment;
6. has recently had a major medical incident;
7. suffers from an unstable physical or psychological condition;
8. requires a stretcher;
9. requires in-flight oxygen or is using his or her own portable oxygen concentrator (POC) or ventilator;
10. requires the use of battery-powered medical equipment in-flight or needs to undertake any medical procedure during the flight, e.g. requires injections to be administered.

If a guest does not fall into any of the above categories, but any doubt exists, medical clearance should be obtained.

KEY PRINCIPLES TO CONSIDER WHEN ASSESSING A GUEST'S FITNESS TO FLY

1. Reduced atmospheric pressure: cabin air pressure changes greatly after takeoff and before landing and gas expansion and contraction can cause pressure effects.
2. Reduced partial pressure of oxygen: the cabin air is pressurized to an altitude equivalent of 6000 to 8000 feet and the partial pressure of oxygen is approximately 20% less than on the ground. Guests with heart and lung conditions or anaemia may be at risk. They may require supplemental oxygen or may need to postpone their flight. Complex conditions may require a high altitude simulation test (HAST).
3. The commercial aircraft cabin is not intended to replace that of a medical facility. Access to advanced medical care is not possible. If a guest has a serious illness or is at risk for complications onboard, he or she must postpone their travel arrangements or travel by air ambulance.

MEDIF (MEDICAL INFORMATION FOR FITNESS TO TRAVEL OR SPECIAL ASSISTANCE FORM)

All MEDIFs must be submitted at least 72 hours prior to departure of the flight, along with the latest medical report in English, which should be issued not more than 10 days prior to the commencement date of travel.

The MEDIF consists of three parts:

1. Part A – gives guidance for physicians to complete the form.
2. Part B – must be completed and must be signed and dated by the guest.
3. Part C – must be completed by a doctor, all fields must be completed and it must be signed and dated.

Incomplete MEDIFs cannot be accepted for assessment. Ambulance and hospital admission or transfer arrangements are the responsibilities of the guest. Etihad Airways does not make ambulance or hospital admission arrangements.

MEDICAL GUIDELINES

In reference to the IATA Medical Manual.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
CARDIOVASCULAR, CIRCULATORY AND BLOOD DISORDERS			
Angina	Stable and no angina at rest.	Unstable angina or angina with minimal exertion	MEDIF if control recently achieved (within 14 days).
Myocardial infarction	≥ 10 days if uncomplicated	<10 days or high risk (EF<40%, cardiac failure, pending further investigation or revascularization therapy)	MEDIF required up to 21 days. Assess individually.
Serious arrhythmia	>7 days	≤7 days	MEDIF required up to 21 days.
Cardiac failure	Controlled and stable .	Uncontrolled cardiac failure.	Adequate control is the ability to walk 50m on room air at normal pace or climb a flight of stairs without dyspnoea, otherwise must get oxygen. Assess individually.
Congenital cyanotic heart disease			Assess all individually and consider oxygen.
Cardiac surgery	>14 days	14 days or less	I.e. CABG , valve surgery. MEDIF required up to 21 days.
Angiography	>24 hours if original condition is stable.	<24 hours	
Angioplasty (with or without stent)	≥3 days	2 days or less	MEDIF required up to 21 days.
Pacemaker	≥2 days if no pneumothorax and rhythm stable.	<48 hours	MEDIF required up to 7 days.
Ablation therapy	≥2 days	<48 hours	High risk for DVT up to 1 week.
DVT	≥5 days if asymptomatic	4 days or less	Stable on anticoagulants. MEDIF required up to 21 days.
PE	≥5 days	4 days or less	Stable on anticoagulants, asymptomatic and normal pO2 on room air. MEDIF required up to 21 days.
Anaemia	≥9.5, unless due to chronic disease.	<9,5, unless due to chronic disease (then assess individually, may accept up to 8,5 if proven chronic)	If acutely anaemic, Hb level should be assessed more than 24 hours after last blood loss, which must have ceased.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Sickle cell disease (HbSS)	10 days and more following the last sickling crisis.	Sickling crisis in previous 9 days.	Always requires supplemental oxygen. Guest must be encouraged to drink plenty of water to remain well hydrated. Sickle cell trait (HbS) all acceptable and does not require supplemental oxygen.
Beta-thalassaemia, combined haemoglobin sickle cell disease			Requires supplementary oxygen to be available on aircraft.
Thrombocytopenia	Platelets >40x10 ⁹ /L	Platelets <40x10 ⁹ /L or unwell.	Must comply with haemoglobin rules. Assess individually for underlying disease.
RESPIRATORY			
Pneumothorax	7 days after full inflation, 14 days after inflation of traumatic pneumothorax.		Chest XR and MEDIF required up to 21 days after full inflation.
Chest surgery	>14 days	≤14 days	I.e. lobectomy, pleurectomy, open lung biopsy. MEDIF required up to 28 days or with any symptoms or complications.
Pneumonia	Fully resolved.	Acute, with symptoms.	Must be fully resolved or, if X-ray signs persist, must be asymptomatic. MEDIF required up to 7 days of resolution, if complications or ongoing symptoms.
Tuberculosis	After at least 2 weeks of treatment and asymptomatic.	If infectious, untreated or in the first 2 weeks of treatment.	MEDIF required for all cases. Must NOT be cleared for travel until treating physician can confirm that passenger is not infectious (Negative sputum ZN).
COPD, emphysema, pleural effusion, pulmonary fibrosis, haemothorax	Exercise tolerance >50m without dyspnoea, full recovery if recent exacerbation, no current infection. Assess individually if supplemental O ₂ required.	Within 7 days of recent exacerbation, cyanosis on the ground despite supplementary oxygen.	Altitude simulation tests may be requested. MEDIF required if unstable, poor exercise tolerance of less than 50m, recent exacerbation or supplemental oxygen required.
Asthma	Asymptomatic and no infection.	Recent severe attack within 48 hours.	Must be stable and have medication with them onboard. MEDIF required if hospitalization or severe episode within 48 hours.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Obstructive sleep apnoea (OSA)	Isolated, controlled OSA.		Assess individually. Must travel with CPAP device in cabin if long-haul flight and history of significant desaturation. Device must be dry cell and FAA approved. Must avoid drinking alcohol before and during flight.
Cystic Fibrosis	No current infection.		Assess individually, (especially if FEV ₁ <50% at ground level). May request PFT. MEDIF required for all cases.
Bronchiectasis	No current infection.		Assess individually. MEDIF required for all cases.
Neuromuscular Disease			Assess individually. MEDIF required for all cases.
Cancer	Asymptomatic	Haemoptysis	Assess individually if receiving active treatment (radio- or chemotherapy), pleural effusion, dyspnoeic at ground level. MEDIF required in all cases.
NEUROLOGICAL			
TIA	>2 days after proper investigation	≤2 days	MEDIF required up to 7 days.
CVA	>4/7.	≤4 days	Within first 2/52 must have supplemental O ₂ . If uncomplicated recovery, no nurse escort, otherwise nurse escort day 5-14. MEDIF required up to 14 days.
Epilepsy / seizure disorder	>24 hours after a seizure, if generally well controlled.	<24 hours	
Cranial surgery	≥10 days	<10 days	Cranium must be free of air. MEDIF required up to 21 days.
GASTROINTESTINAL			
Gastrointestinal haemorrhage	If 1-9 days, can travel if normal endoscopy or other clear evidence of healing, (i.e. rising Hb to indicate bleeding has ceased).	<24 hours	Hb must be sufficient for air travel. MEDIF required up to 14 days.
Major abdominal surgery	≥10 days	<10 days	I.e. bowel resection, open hysterectomy, renal surgery, etc. Hb must be sufficient. MEDIF required up to 14 days or if complications persist.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Appendisectomy	≥5 days if uncomplicated recovery.	<5 days	MEDIF required if there are complications.
Laparoscopic surgery	≥5 days if uncomplicated recovery.	<5 days	I.e. laparoscopic cholecystectomy. All gas must be absorbed. MEDIF required if there are complications.
Investigative laparoscopy	≥5 days	<5 days	All gas must be absorbed.
EAR, NOSE, THROAT			
Otitis media and sinusitis	Acceptable if able to clear ears.	Acute illness or Eustacian tube dysfunction unacceptable.	
Middle ear surgery	≥10 days with certificate from treating ENT.	<10 days	MEDIF required up to 14 days. Must be able to clear ears.
Tonsillectomy	>10 days	≤10 days	MEDIF required if complications.
Wired jaw	Escorted with wire cutters.	Travelling alone unacceptable.	Escort with wire cutters mandatory.
PSYCHIATRIC			
Acute psychosis	Assess individually.	Unstable.	Assess individually. Generally within 30 days of acute psychotic episode not acceptable. May be approved with suitable medical escort or carer, as advised by EAMC. MEDIF required for all cases.
Chronic psychiatric disorders	If controlled on medication and stable (living out in community, taking care of all ADL).	If risk of deterioration in flight.	
EYE DISORDERS			
Penetrating eye injury	≥7 days	<7 days	Any gas in globe must be resorbed. MEDIF required up to 14 days.
Intraocular surgery	≥7 days	<7 days	Any gas in globe must be resorbed. May take up to 6 weeks, depending on gas used. Written specialist fitness to fly certificate is required. For injection of SF6, minimum 2 weeks required. For injection of C3F8, minimum 6 weeks required. MEDIF required in all cases.
Cataract surgery	≥24 hours		MEDIF required up to 3 days.
Corneal laser surgery	≥24 hours		MEDIF required up to 3 days.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
PREGNANCY			
Single, uncomplicated	Up to end of 36th week. Doctor or midwife certificate required if after 28 weeks.	Beyond end of 36th week, i.e. 36+1 day.	Calculated using Estimated Date of Delivery. MEDIF clearance not required, but doctor or midwife certificate is required from 28+1 to end of 36th week.
Multiple, uncomplicated	Up to end of 32nd week. Doctor or midwife certificate required if after 28 weeks.	Beyond end of 32nd week, i.e. 32+1 day.	Calculated using Estimated Date of Delivery. MEDIF clearance not required, but doctor or midwife certificate is required from 28+1 to end of 32nd week.
	The doctor or midwife medical certificate must adhere to the following: <ul style="list-style-type: none"> i. signed by the guest's doctor or midwife; ii. written on a hospital/clinic letterhead or stamped by the doctor or midwife; iii. issued within 7 days from the date of travel; iv. state if the pregnancy is singleton or multiple; v. state the number of weeks of the pregnancy; vi. state that the guest is fit to fly. 		
Complicated pregnancies			MEDIF required in all cases.
New born	Fit and healthy >7 days.	≤7 days	Risk of hypoxia if respiratory system not fully developed. MEDIF required if history of complications or premature birth.
Miscarriage	Stable, no bleeding or pain for at least 24 hours.		MEDIF required up to 7 days.
TRAUMA			
Full plaster cast	≥48 hours		If <48 hours, must be bivalved. Must also comply with Hb rules.
Burns	Medically stable.	If widespread infection, shocked or greater than 20% body surface area.	Assess individually. Must be stable and well in other respects.
MISCELLANEOUS			
Terminal cases	Individual assessment.		Assess individually. MEDIF required in all cases. If accepted on compassionate grounds, i.e. repatriation, and risk of death in flight exists, family and patient must accept that diversion is not an option.

DIAGNOSIS	ACCEPTABLE	NOT ACCEPTABLE	COMMENTS
Infectious cases	Not during contagious stage of illness.		
Decompression sickness (bends)	>3 days after treatment for the bends or >7 days after treatment for CNS symptoms.		MEDIF required up to 10 days after completing treatment.
Scuba diving	>24 hours	<24 hours	>48 hours delay after decompression diving.
Allergies	Etihad Airways cannot guarantee a cabin environment or food that will be free of specific allergens. A patient at risk must carry an auto injector device, e.g. EpiPen, in their hand luggage and must ensure that they or an escort are willing to and capable of administering it.		
Requirements for oxygen, ventilator, other medical equipment or stretcher.	MEDIF required in all cases.		

INFECTIOUS DISEASES

DIAGNOSIS	UNACCEPTABLE	PERIOD OF INFECTIVITY	MEDIF REQUIREMENTS	COMMENTS
Chickenpox (including shingles)	Any active lesions	5 days before rash – 6 days after last crop	If unsure	All lesions must be crusted and dried.
Conjunctivitis	If eye discharging and no improvement on antibiotics	During active infection.	If unsure	Must be treated by appropriate antibiotic drops or ointment and be improving.
German measles (Rubella)	Within 5 days after onset of rash	7 days before – 4 days after onset	If rash persists beyond 5 days	
Head lice	Not treated or within 2 days of being treated.	If not treated	If unsure	Travel only after 2 days following treatment.
Hepatitis A	Within 10 days of onset of jaundice.	2-3 weeks before onset of jaundice – 1 week after onset of	All cases	Travel only after 10 days from onset of jaundice.
Impetigo	If not on treatment or if blisters remain.	While lesions are wet	If unsure	Must be on appropriate treatment. May be accepted if blisters covered in watertight dressings.

DIAGNOSIS	UNACCEPTABLE	PERIOD OF INFECTIVITY	MEDIF REQUIREMENTS	COMMENTS
Influenza	If symptomatic (i.e. fever, cough)	1 day before – 5-10 days after onset of	If unsure	
Measels	Within 7 days of onset of rash	From onset of symptoms – 4 days after	If rash persists beyond 7 days	
Mumps	Within 9 days of onset of swelling	3 days before swelling – 7 days	If swelling persists beyond 9 days or if	
Methicillin-resistant Staphylococcus Aureus (MRSA)	If not treated	If not treated.	If unsure	Must be treated and resolved.
Scabies	Not treated or within 2 days of starting treatment	Within a day of being treated.	If on treatment for scabies.	Travel only after 2 days following treatment.
Tuberculosis	If infectious.	Until at least 2 weeks after treatment initiated and while sputum positive ZN.	All cases	Treating physician must confirm that patient is not infectious, i.e. sputum negative Ziehl-Nielsen (acid-fast bacilli) stain.
Scarlet fever	Within 48 hours of initiation of antibiotic therapy or if unwell.	10-21 days after onset of rash (shortened to 1 day by penicillin).	If unsure	Must be afebrile for >24 hours and on effective antibiotic therapy.
Whooping cough (pertussis)	If on antibiotics: within 7 days of effective antibiotic therapy. If not on antibiotics: within 3 weeks from onset of cough.	7 days after exposure – 3 weeks after onset of symptoms (shortened to 7 days with antibiotics).	All cases.	May travel after 7 days of effective antibiotic therapy.