

## MEDICAL APPROVAL FORM

This form must be completed and signed by the patient's physician before a mission can be flown with Mountain Outreach Flights. PLEASE EMAIL OR FAX THE COMPLETED FORM BACK TO OUR OFFICE AT (808) 728-0888 or [MOUNTAINOUTREACHFLIGHTS@GMAIL.COM](mailto:MOUNTAINOUTREACHFLIGHTS@GMAIL.COM)

Dear Doctor or Medical Professional:

We need your quick assistance with this request because one of your patients asked us to fly him/her to medical treatment needed at a distant medical facility. Please help your patient by completing the Medical Release Form below and returning it to us quickly.

Mountain Outreach Flights is a nonprofit 501c3, charitable volunteer organization. We utilize donations to provide free transportation in a Cessna 340 aircraft for those in medical and financial need to travel to distant medical facilities when commercial transportation is not available, impractical or simply not affordable. Our pilots and volunteer aids do not get reimbursed for their costs. So, it is imperative that our very limited resources go to those truly in need.

A patient must meet the following qualification criteria for us to try to schedule a mission:

- Patient must be medically stable. The patient must be able to travel in small aircraft at ambient pressure altitudes of up to 8,000 feet. We are not an air ambulance service nor are we allowed to transport medical personnel on our flights. We are able to take those who bring their own oxygen. Should a patient need an air ambulance we have referral agencies on file.
- Patient must be ambulatory. We do not use large jets. Our plane holds 4 to 6 passengers and is pressurized, but can be flown unpressurized. Therefore, the patient must be able to walk, climb in and out of a small plane by stepping up 16 to 20 inches with limited assistance, bend over to enter and exit the aircraft, lower themselves into the back seats, be able to sit upright, and wear a seatbelt for the duration of the flight.
- Treatment can not be available locally. There must be a significant reason why the patient needs to go to a distant medical facility instead of getting the treatment locally.
- Patient must have a financial need or significant reason to use our services. We are not in operation to give free plane rides to anyone who would like a flight, and we need to be sure our resources are going to those who truly need them. Therefore, we look to you, as a medical professional who knows the patient, to assist us in our screening process. If you believe the patient has the ability to purchase a commercial airline ticket to get to their medical treatment, we ask that you state that on the Medical Release Form below so we can investigate that aspect further. If the patient cannot fly on commercial aircraft due to his/her illness, we waive our financial need qualification but must make sure that you believe it will be safe for your patient to fly on our small aircraft. Please call us immediately if you have any questions or concerns about our services or your patient utilizing our services. We are here to help you help your patient. Please complete and sign the attached Medical Release Form and fax or email it back to us ASAP. Your patient's mission will not be scheduled until we receive this release from you.

Sincerely,

Mission Control Medical Release Form - Mountain Outreach Flights

Information the physician should know before completing this form:

1. There is no medical equipment or personnel on board the aircraft unless provided by the patient. Any medical equipment must be FAA approved.
2. Transportation of the patient will be conducted in a Cessna 340 twin engine pressurized aircraft and can accommodate 4 to 6 passengers including the pilot. There are no restrooms. There is not sufficient room for the patient to recline or move about.
3. Patients must be ambulatory and mobile enough to board and disembark. Boarding will require a high step of 16-20 inches. Passengers have to bend over to enter and exit the plane.
4. The vast majority of the flight will be pressurized to a cabin pressure of 8,000 feet or less, but at any time the passengers may be breathing the air at the altitude they are flying. Generally, the plane will be at an altitude below 15,000 feet, but there may be exceptions to this.
5. If turbulence is encountered, the patient will experience more bumpiness than on a commercial aircraft. Flight times are much longer than in a commercial aircraft. An average cruising speed is approximately 200 miles an hour, but varies with different missions.
6. The patient may take a support person along on the flight for assistance. Please have enough medication for the patient an extra two days for any unforeseen situations.

By signing this form, you are giving your approval, based on the patient's medical conditions and medical history known to me at this time that it is reasonably safe for the patient to fly under such conditions as described above.

A. Patient's name: \_\_\_\_\_ Patient's Weight \_\_\_\_\_ lbs.

B. Physician's name: \_\_\_\_\_

C. Physician's phone #: \_\_\_\_\_ On-call #: \_\_\_\_\_

D. Facility/Agency requesting transportation: \_\_\_\_\_

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

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

E. Facility at which the patient will be receiving treatment: \_\_\_\_\_ Name: \_\_\_\_\_

F. What is the patient's principal diagnosis? If the patient is being treated for a different diagnosis please specify.

G. Is Patient traveling with a blood/urine specimen: YES NO (If yes, Patient carrying blood or urine specimen must have the sample in a small tightly sealed container that is then in a tightly sealed zippered bag that is able to fit under the seat. The patient must be in control of the container at all points and must not involve the Pilot at any time.)

H. Does patient currently have a contagious or communicable disease? YES NO Please explain:

Are there any history of seizures: YES NO Date of last Seizure: \_\_\_\_\_

Comments:

J. In layman's terms, describe the specific medical purpose for this trip:

K. If treatment for the patient requires a series of flights over a period of time, is the patient's condition expected to remain stable during this time? YES NO Comments:

L. 1) Is it medically safe for the patient to fly in a small, light, "non-pressurized" aircraft?  
YES NO

LI. 2) Is it medically safe for the patient to fly in a small, light, "non-pressurized" aircraft after their medical treatment? YES NO Comments:

M. Is the patient able to walk and get in and out of the aircraft unassisted? (Boarding may require a high Step of 18-20 inches. Passengers have to bend over to enter and exit plane.) YES NO  
Comments:

N. Is there any other information that you feel might be helpful for the pilot to know about this patient? YES NO Comments:

I have carefully read and completed the above information and approve this patient for flight in a light twin-engine aircraft.

Print Physician's Name \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_