

5 Medical needed devices in the hand luggage (if applicable):

5.1 Do you wish to take along your own oxygen concentrator:

- No** **Yes**

Manufacturer name and model name of the oxygen concentrator:

I hereby confirm that the oxygen concentrator is battery powered since a main power supply cannot be guaranteed. I also confirm that the concentrator has a battery life of 150% of the flight time and it is an FAA approved oxygen concentrator.

(https://www.faa.gov/about/initiatives/cabin_safety/portable_oxygen/)

5.2 Other medical needed devices in the hand luggage (please indicate):

- I hereby confirm that the mentioned device is approved for air travel.

6 Declaration by the Passenger:

6.1 Authority to process my Medical Information

In order to enable Condor to confirm my fitness to fly for my booked flights, I hereby explicitly consent to and authorise my doctor mentioned at section 4 above to disclose the necessary information to Condor and their commissioned medical advisors solely for the purpose of determining my fitness to fly and to allow them to fulfil any special assistance requirements. I also explicitly consent to release the attending doctor from his or her obligation to maintain my medical information strictly confidential with respect to the disclosure to Condor. I reserve the right to revoke my consent to Condor to process my medical information at any time, but recognise that this may result in my being deemed not fit to fly and being therefore denied carriage on my booked flights.

6.2 Information about Assistance on Board and Conditions of Carriage

The flight attendants of Condor are not permitted to provide any special medical help or assistance. Our cabin crew are only trained in first aid and are therefore not qualified to administer injections or medicines or any other complex medical procedures beyond simple first aid. You must be reasonably satisfied that you are medically fit to fly. If, despite having received medical clearance, you subsequently do not feel fit enough to fly please inform us immediately. Your flight continues to be subject to our general booking terms and conditions and conditions of carriage.

I hereby confirm that I have taken note of all the information at point 6.1 and 6.2. Ensuing costs related to my medical diagnosis or to the flight itself shall be borne by me unless otherwise regulated by law. I also confirm that all the information provided in this form is true and complete.

Place / Date: _____

Signature: _____
(by hand)

6.3 Statement of Data Privacy

Condor understands and respects the importance of protecting your personal data.

The information about your health is being collected and processed by Condor Flugdienst GmbH. This If you have any questions about this fitness to fly form, you can email us at meda@condor.com and we will be happy to assist you.

By providing information about your health (whether directly to us or through your doctor on your behalf), you have explicitly consented to us collecting information about your health and processing it for the purposes of determining whether you are medically fit to fly on your booked flight. If you provide this information about another person, you are representing to us that they have expressly consented to this.

We need your express consent before we can carry out such processing in respect of your personal data. There is no obligation on you to provide your consent but if you decide not to give your consent we may not be able to fulfil your booking and may not be able to provide you with travel or assistance.

We may disclose information about your health/the health of a person who's legal guardian I am:

- To companies in Condor, third party service providers, such as our specialist aviation medical experts, to the extent that it is strictly necessary for the purposes for assessing your fitness to fly and fulfilling any special assistance requirements;
- To Civil Aviation Authorities, and if necessary, to health authorities and border control;
- If there is more than one person named in your flight booking, or to your travelling companion who is accompanying you to provide assistance;
- Any other person or organisation from whom you have explicitly asked us to obtain or to disclose sensitive personal data about your health e.g. your doctor;

In the event of an emergency or other incident in which you are involved, we may disclose your personal data to persons and organisations involved in the emergency/incident response, and to your family member (s) who may contact us requesting information about your wellbeing.

For details about how we collect, process and use information and data about you please read our privacy policy at <https://www.condor.com/eu/help-contact/data-protection-policy.jsp>.

Yes, I have read and understood the above statement and agree to the processing of my personal data/the data of the person who's legal guardian I am as per the Data Privacy statement above.

For withdrawal of consent, you can send an email to meda@condor.com. You can withdraw your consent to Condor to process your medical information at any time, but recognize that this may result in my being deemed not fit to fly and being therefore denied carriage on my booked flights. If the flight was already booked, there might be cancellation fees.

Medical information (to be completed by the attending doctor)

1	General state of health (compulsory):.....	2
2	Mobility and need for an escort (compulsory information):.....	4
3	Medical oxygen (compulsory):.....	5
4	Respiratory diseases (if applicable):	6
5	Cardiovascular diseases (if applicable):	7
6	Convulsions/epilepsy (if required):.....	8
7	Psychological impairments and/or psychiatric illnesses (if applicable):	8
8	Injuries/operations in the last 4 weeks (if applicable):	9
9	Other information (compulsory).....	10

1 General state of health (compulsory):	
1.1	Date of the diagnosis:
1.2	Diagnosis (including date of first appearance of the symptom for the current disease, accident or therapy, is it contagious?):
1.3	Current complaints, performance impairment:
1.4	Current medication:
1.5	In your opinion, does the flight passenger have a contagious or transmittable disease: <input type="checkbox"/> No <input type="checkbox"/> Yes -> Please specify:
1.6	In your opinion, does the patient require hospitalisation at the destination: <input type="checkbox"/> No <input type="checkbox"/> Yes -> Measures:
1.7	In your opinion, would a 25% to 30% reduction in the partial pressure of oxygen (relative hypoxia) impair the passenger's health (cabin pressure corresponds to a rapid ascent to 2,400 metres / 8,000 feet a.s.l): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
1.8	In your opinion, can the patient use a normal passenger seat with upright backrest: <input type="checkbox"/> Yes <input type="checkbox"/> No

1.9 In your opinion, does the patient need medical care (beyond own treatment) and/or special medical devices during the flight:

1.9.1 On ground at the airport:

No Yes -> Please specify:

1.9.2 During the flight:

No Yes -> Please specify:

2 Mobility and need for an escort (compulsory information):	
2.1	<p>In your opinion, can the patient walk 100 metres or climb 10-12 steps without assistance and symptoms:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2.2	<p>In your opinion, is there any need for a wheelchair/escort (this is free of cost) for the distance:</p> <p>2.2.1 Wheelchair service for persons with impaired mobility:</p> <p><input type="checkbox"/> up to gate (WCHR) <input type="checkbox"/> up to aircraft door (WCHS) <input type="checkbox"/> up to seat (WCHC)</p> <p>2.2.2 Escort for:</p> <p><input type="checkbox"/> deaf (DEAF) <input type="checkbox"/> blind (BLIND) <input type="checkbox"/> mentally handicapped (DPNA)</p>
2.3	<p>In your opinion, can the patient fly alone and carry out all the activities required on board on his own:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes -> Please answer from point 3 onwards</p>
2.4	<p>In your opinion, is assistance during embarking/disembarking (by the airport staff) sufficient assistance:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes -> Please answer from point 3 onwards</p>
2.5	<p>In your opinion, must the patient be accompanied by a suitable person. If so, please specify:</p> <p><input type="checkbox"/> No -> Please answer from point 3 onwards</p> <p><input type="checkbox"/> Yes -> Please specify:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Physician <input type="checkbox"/> Nursing staff/paramedic <input type="checkbox"/> Private person</p>
2.6	<p>In your opinion, would this person provide all the necessary assistance:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Why not:</p>

3 Medical oxygen (compulsory):

3.1 In your opinion, is the administration of medical oxygen on the ground necessary:

- No Yes -> Please answer point 4 and please also specify how many litres per minute (LPM) are required on the ground:

3.2 In your opinion, is carrying or administering medical oxygen during the flight necessary:

- No Yes -> Please answer point 4 and please also specify how many litres per minute (LPM) are required during the flight:

4 Respiratory diseases (if applicable):

4.1 In your opinion, does the patient suffer from a respiratory disease:

- No Yes -> Please answer sub-points 1-6

Note: A current blood-gas analysis (BGA) is necessary for answering the following questions. This analysis must be performed in ambient air and by administration of oxygen when the passenger needs oxygen on the ground or during the flight. (Please perform the BGA below the planned oxygen volume)

4.1.1 Blood-gas analysis in ambient air:

pCO₂ [kPa/mmHg]: _____ pO₂ [kPa/mmHg]: _____ % saturation: _____

4.1.2 Blood-gas analysis by administration of _____ litres of oxygen per minute (LPM):

pCO₂ [kPa/mmHg]: _____ pO₂ [kPa/mmHg]: _____ % saturation: _____

(If the pO₂ value lies below 2 litres of oxygen, or the planned volume of oxygen < 70 mm HG, please perform the BGA with 4 litres of oxygen)

4.1.3 Blood-gas analysis by administration of 4 litres of oxygen per minute (LPM):

pCO₂ [kPa/mmHg]: _____ pO₂ [kPa/mmHg]: _____ % saturation: _____

4.1.4 Is there any CO₂ retention or hypercapnia:

- No Yes Date of the diagnosis :

4.1.5 Has the general state of health deteriorated recently:

- Yes No

4.1.6 Has the patient ever flown with a commercial airline in this state of health:

- No Yes when:

Did any problems occur:

5 Cardiovascular diseases (if applicable):

5.1 In your opinion, does the patient suffer from a cardiovascular disease:

No Yes -> Please answer sub-points 1-5

5.1.1 Angina:

In your opinion, does the patient suffer from angina:

No Yes -> When did it occur last :

Is the condition stable:

Yes No

Functional impairments:

No symptoms Angina under considerable stress
 Angina in relaxed state Angina under minor stress

5.1.2 Myocardial infarction (heart attack):

Does the patient suffer from myocardial infarction:

No Yes -> When did it occur last:

Complications:

No Yes -> Following:

Stress ECG:

No Yes -> Result: MET or Watt

5.1.3 Cardiac insufficiency (heart failure):

In your opinion, does the patient suffer from cardiac insufficiency:

No Yes -> Last decompensation on (DD.MM.YY):

Is the patient stable under medication:

No Yes

Functional impairments:

No symptoms under normal stress Dyspnoea under considerable stress
 Dyspnoea (breathlessness)

5.1.4 Syncope

No Yes -> When did it occur last:

5.1.5 Were any diagnostic examinations carried out:

No Yes -> Result:

6 Convulsions/epilepsy (if required):

6.1 Did any convulsions or epileptic attacks occur in the present or in the past:

No Yes -> Please answer sub-points 1-4

6.1.1 Type of convulsions:

6.1.2 Frequency of convulsions:

6.1.3 When did they occur last:

6.1.4 Medication-based anti-convulsant prophylaxis:

Yes No

7 Psychological impairments and/or psychiatric illnesses (if applicable):

7.1 In your opinion, does the patient suffer from a psychological impairment and/or a psychiatric illness:

No Yes-> Please answer sub-points a) and b)

7.1.1 In your opinion, is the patient likely to suffer from agitation during the flight:

Yes No

7.1.2 Has the patient ever before flown with a commercial airline:

No

Yes -> The patient flew on : _____

alone with escort

8 Injuries/operations in the last 4 weeks (if applicable):
8.1 Did any fractures occur? <input type="checkbox"/> No <input type="checkbox"/> Yes -> Which ones, date of diagnosis and therapy: What is the current Hb value? _____ (mg/dl)
8.2 Is the patient immobilised with a plaster? <input type="checkbox"/> No <input type="checkbox"/> Yes-> Since when: _____ Closed plaster cast / circular plaster cast <input type="checkbox"/> No <input type="checkbox"/> Yes
8.3 In the case of head injuries with fractures and intra-cerebral bleeding and after neurosurgical operations in the last 6 weeks: When did the last CCT take place and what was the result? Did the results of the last CCT exclude intracranial air pockets?
8.4 After major abdominal operations: What was operated upon and when: What is the current Hb value? _____(mg/dl)

9 Other information (compulsory)

9.1 What would be your prognosis for the patient's proposed air travel:

Good

Impaired

Poor

Justification for your prognosis:

9.2 Is there any further medical information that has not yet been taken into account:

Place _____ Date _____

Stamp Signature of the physician (or facsimile) _____
(by hand)

Category / Subcategory	Not fit to fly	Medical clearance is required (medical clearance is granted by attending doctor with MEDIF Attachment A)	No clearance required / <i>Comment</i>
Pregnancy and Babies	General: If complications* Single pregnancy: From 37 th week Multiple pregnancy: From 33 rd week Babies: Up to end of 7 days Miscarriage: up to 24 hours	Single pregnancy: 29 th to 36 th week Multiple pregnancy: 29 th to 32 nd week	Pregnancy: If uncomplicated and up to end of 28 th week Babies: More than 7 days Miscarriage: More than 24 hours and without complications
Corona / COVID-19	- If infectious	- Up to the end of the 2 nd week since infection - Up to the end of the 4 th week after being discharged from hospital (MEDIF Attachment B required)	- After 2 nd week since infection - After 4 th week after being discharged from hospital
Allergies	N/A	N/A	<i>Information: Allergy free surrounding can't be guaranteed</i>
Respiratory diseases	General: - If condition is not stable* - If acute symptoms haven't settled* - If customer has not been fully assessed Pneumothorax / Collapsed Lung: - Until resolved and stable for 14 days	General: - When oxygen is required - If condition is unclear - If medical device is used during flight - If portable oxygen concentrator is being taken (used or not used on board) - If condition is severe and/or there are complications to be expected	General: - If condition is stable - If no oxygen is required - If no complications are to be expected - If medical device is not used during flight (except for portable oxygen concentrator)
Surgery and injuries	General: - Up to the end 2 nd week after surgery* - If Hemoglobin level is below 9,5 gm/dl* - If condition is not stable* Minimally invasive surgery: - Up to the end of the 1 st week after surgery* Neuro-/Thorax-/Abdominal surgery: - Up to the end of 4 th week after surgery*	General: - From 3 rd week up to end of 6 th week after surgery - If complications are to be expected - Hemoglobin level is higher than 9,5gm/dl and up to 12gm/dl Minimally invasive surgery: - From 2 nd week up to end of 6 th week after surgery Neuro-/Thorax-/Abdominal surgery: - From 5 th week up to end of 3 rd month after surgery	General: - After 6 th week after surgery - If no complications are to be expected - If condition is stable - If Hemoglobin level is higher than 12 gm/dl Neuro-/Thorax-/Abdominal surgery: - From 4 th month after surgery

Category / Subcategory	Not fit to fly	Medical clearance is required (medical clearance is granted by attending doctor with MEDIF Attachment A)	No clearance required / <i>Comment</i>
Cardiovascular diseases	<p>General:</p> <ul style="list-style-type: none"> - Within 5 days of departure - If not under medical supervision - If condition is not stable* <p>Heart attack:</p> <ul style="list-style-type: none"> - Within 4 weeks of departure* <p>Stroke:</p> <ul style="list-style-type: none"> - Within 4 weeks of departure * <p>Embolism:</p> <ul style="list-style-type: none"> - If clot acute - Within 4 weeks of departure * <p>Thrombosis / Deep Vein Thrombosis:</p> <ul style="list-style-type: none"> - Within 5 days of departure - Without thrombosis prophylaxis and stockings 	<p>General:</p> <ul style="list-style-type: none"> - From 6th day up to end of 3rd month - If condition is severe - If complications are to be expected - If condition is unclear <p>Heart attack:</p> <ul style="list-style-type: none"> - From the beginning of the 5th week up to end of the 3rd month <p>Stroke:</p> <ul style="list-style-type: none"> - From the beginning of 5th week up to the end of the 2nd month <p>Embolism:</p> <ul style="list-style-type: none"> - From the 5th week up to end of the 3rd month <p>Thrombosis / Deep Vein Thrombosis:</p> <ul style="list-style-type: none"> - From the 6th day up to end of the 4th week and only with a thrombosis prophylaxis and stockings 	<p>General:</p> <ul style="list-style-type: none"> - After the 3rd month - If condition is stable - If no complications are to be expected <p>Stroke:</p> <ul style="list-style-type: none"> - From the beginning of the 3rd month <p>Thrombosis / Deep Vein Thrombosis:</p> <ul style="list-style-type: none"> - From the 5th week and only with a thrombosis prophylaxis and stockings
Fractures / Plaster casts	<p>General:</p> <ul style="list-style-type: none"> - If not split or not back slab type <p>For flights up to two hours:</p> <ul style="list-style-type: none"> - Within 24hours after initial injury <p>For flights longer than two hours:</p> <ul style="list-style-type: none"> - Within 48 hours after initial injury <p>Circular cast:</p> <ul style="list-style-type: none"> - Up to 7 days 	N/A	<p>General:</p> <ul style="list-style-type: none"> - Only if split or back slab type <p>For flights up to two hours:</p> <ul style="list-style-type: none"> - After 24hours after initial injury <p>For flights longer than two hours:</p> <ul style="list-style-type: none"> - After 48 hours after initial injury <p>Circular cast:</p> <ul style="list-style-type: none"> - From the 8th day
Infectious diseases	General: If infectious	N/A	General: If not infectious
Convulsions / epilepsy	<p>General:</p> <ul style="list-style-type: none"> - If last seizure is less than 24 hours ago - Not seizure free - If condition is not stable 	N/A	<p>General:</p> <ul style="list-style-type: none"> - If last seizure is more than 24 hours ago - If seizure free - If condition is stable

Category / Subcategory	Not fit to fly	Medical clearance is required (medical clearance is granted by attending doctor with MEDIF Attachment A)	No clearance required / <i>Comment</i>
Psychological impairments and/or psychiatric diseases	General: - If condition is not stable - If acute symptoms haven't settled - If customer has not been fully assessed	General: - If condition is unclear - If condition is severe and/or there are complications to be expected	General: - If condition is stable - If no complications are to be expected
Other impairments	General: - If condition is not stable* - If acute symptoms haven't settled* - If customer has not been fully assessed* Diving: - Last dive is less than 24 hours ago Sickle Cell disease: - Sickling crisis in the previous 9 days* - If Hemoglobin level is below 9,5 gm/dl* Anemia: - If Hemoglobin level is below 9,5 gm/dl* Ear / Sinus Problems: - Acute catarrh or recent middle ear surgery Meningitis: - If the condition hasn't completely resolved	General: - If condition is unclear - If condition is severe - If complications are to be expected Meningitis: - From the 11 th up to end of 27 th day after condition has completely resolved Anemia / Sickle Cell disease: - Hemoglobin level is higher than 9,5gm/dl up to 12gm/dl	General: - If condition is stable - If acute symptoms have settled - If no complications are to be expected Diving: - Last dive is 24 hours ago Meningitis: - From 28th day after condition has completely resolved Anemia / Sickle Cell disease: - If Hemoglobin level is higher than 12 gm/dl