

**General Information**

This information is necessary to ensure that we can assist you appropriately when you travel with us.

1 Information regarding booking:	
<b>Booking reference:</b> <i>Please add booking reference to the email.</i>	<b>Tour operator:</b>
<b>Outbound flight – Flight number:</b> from / to: Date:	<b>Return flight: – Flight number:</b> from / to: Date:
<b>Booking class/cabin:</b> <input type="checkbox"/> Economy <input type="checkbox"/> Premium <input type="checkbox"/> Business	

2 Passenger details:	
<b>Last name:</b>	<b>First name:</b>
<b>Gender:</b> <input type="checkbox"/> male <input type="checkbox"/> female	<b>Date of birth:</b>
<b>Height in cm:</b>	<b>Weight in kg:</b>

3 Passenger contact details:	
<b>Address:</b>	
<b>Post Code/City:</b>	<b>Country:</b>
<b>Telephone:</b>	<b>Mobile:</b>
<b>Email:</b>	<b>Fax:</b>

4 Doctor's details:	
<b>Name:</b>	
<b>Address:</b>	
<b>Post Code/City:</b>	<b>Country:</b>
<b>Telephone:</b>	<b>Mobile:</b>
<b>Email:</b>	<b>Fax:</b>

**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/](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. If you have any questions about this fitness to fly form, you can email us at [meda@condor.com](mailto: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 you are:

- 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](mailto: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.

Dear attending doctor,

Mr / Mrs \_\_\_\_\_ is planning to travel on the below flights.

Flight Information		
<b>Outbound flight</b>		
Date: _____	From: _____	To: _____
Flight Number: _____	<b>Flight duration:</b> _____	Hours _____
<b>Return flight</b>		
Date: _____	From: _____	To: _____
Flight Number _____	<b>Flight duration:</b> _____	Hours _____

It is Condors responsibility to ensure a safe journey for our customers and their fitness to fly. That includes a stable state of health.

Please consider that travelling on an aircraft at altitude can have severe impact on a medical condition (e.g. significant drop in oxygen saturation and this could therefore lead to severe hypoxemia). For further details you can find the requirements for medical clearance of Condor attached.

**My patient has the following medical condition:**

**My patient is pregnant** . **The expected date of birth is:** \_\_\_\_\_

Please choose **one** of the options below:

I have read the given information. In my judgement my patient is **fit to fly** on the stated flights according to the attached requirements for medical clearance on Condor flights.

I have read the given information. In my judgment my patient is **fit to fly** on the stated flights **with the following additional requirements** (e.g. customer needs to take his own portable oxygen concentrator or needs a chargeable extra seat):

I have read the given information. In my judgement my patient is **not fit to fly** on the above mentioned flights.

**Place** \_\_\_\_\_ **Date** \_\_\_\_\_

**Stamp and Signature of the attending doctor** \_\_\_\_\_

*(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>
<b>Pregnancy and Babies</b>	<b>General:</b> If complications <b>Single pregnancy:</b> From 37 <sup>th</sup> week <b>Multiple pregnancy:</b> From 33 <sup>rd</sup> week <b>Babies:</b> Up to end of 7 days <b>Miscarriage:</b> up to 24 hours	<b>Single pregnancy:</b> 29 <sup>th</sup> to 36 <sup>th</sup> week <b>Multiple pregnancy:</b> 29 <sup>th</sup> to 32 <sup>nd</sup> week	<b>Pregnancy:</b> If uncomplicated and up to end of 28 <sup>th</sup> week <b>Babies:</b> More than 7 days <b>Miscarriage:</b> More than 24hours and without complications
<b>Corona / COVID-19</b>	<ul style="list-style-type: none"> <li>- If infectious</li> <li>- If condition is not stable</li> <li>- If acute symptoms haven't settled</li> <li>- If customer has not been fully assessed</li> <li>- If local or national regulations requires to be in quarantine</li> <li>- Up to the end of 14 days since infection</li> <li>- Up to the end of 14 days if in close contact (e.g. less than 2 meters for more than 15 minutes) with a person who has COVID-19</li> <li>- Up to the end of 8 days with relevant symptoms (fever, newly developed cough, loss of taste or smell, shortness of breath)</li> </ul>	<ul style="list-style-type: none"> <li>- Up to the end of the 4<sup>th</sup> week after being discharged from hospital (MEDIF Attachment B required)</li> </ul>	<ul style="list-style-type: none"> <li>- After 2<sup>nd</sup> week since infection</li> <li>- After 4<sup>th</sup> week after being discharged from hospital</li> </ul>
<b>Allergies</b>	N/A	N/A	<i>Information: Allergy free surrounding can't be guaranteed</i>
<b>Respiratory diseases</b>	<b>General:</b> <ul style="list-style-type: none"> <li>- If condition is not stable</li> <li>- If acute symptoms haven't settled</li> <li>- If customer has not been fully assessed</li> </ul> <b>Pneumothorax / Collapsed Lung:</b> <ul style="list-style-type: none"> <li>- Until resolved and stable for 14 days</li> </ul>	<b>General:</b> <ul style="list-style-type: none"> <li>- When oxygen is required</li> <li>- If condition is unclear</li> <li>- If medical device is used during flight</li> <li>- If portable oxygen concentrator is being taken (used or not used on board)</li> <li>- If condition is severe and/or there are complications to be expected</li> </ul>	<b>General:</b> <ul style="list-style-type: none"> <li>- If condition is stable</li> <li>- If no oxygen is required</li> <li>- If no complications are to be expected</li> <li>- If medical device is not used during flight (except for portable oxygen concentrator)</li> </ul>

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>
<b>Surgery and injuries</b>	<p><b>General:</b></p> <ul style="list-style-type: none"> <li>- Up to the end 2<sup>nd</sup> week after surgery</li> <li>- If Hemoglobin level is below 9,5 gm/dl</li> <li>- If condition is not stable</li> </ul> <p><b>Minimally invasive surgery:</b></p> <ul style="list-style-type: none"> <li>- Up to the end of the 1<sup>st</sup> week after surgery</li> </ul> <p><b>Neuro-/Thorax-/Abdominal surgery:</b></p> <ul style="list-style-type: none"> <li>- Up to the end of 4<sup>th</sup> week after surgery</li> </ul>	<p><b>General:</b></p> <ul style="list-style-type: none"> <li>- From 3<sup>rd</sup> week up to end of 6<sup>th</sup> week after surgery</li> <li>- If complications are to be expected</li> <li>- Hemoglobin level is higher than 9,5gm/dl and up to 12gm/dl</li> </ul> <p><b>Minimally invasive surgery:</b></p> <ul style="list-style-type: none"> <li>- From 2<sup>nd</sup> week up to end of 6<sup>th</sup> week after surgery</li> </ul> <p><b>Neuro-/Thorax-/Abdominal surgery:</b></p> <ul style="list-style-type: none"> <li>- From 5<sup>th</sup> week up to end of 3<sup>rd</sup> month after surgery</li> </ul>	<p><b>General:</b></p> <ul style="list-style-type: none"> <li>- After 6<sup>th</sup> week after surgery</li> <li>- If no complications are to be expected</li> <li>- If condition is stable</li> <li>- If Hemoglobin level is higher than 12 gm/dl</li> </ul> <p><b>Neuro-/Thorax-/Abdominal surgery:</b></p> <ul style="list-style-type: none"> <li>- From 4<sup>th</sup> month after surgery</li> </ul>
<b>Cardiovascular diseases</b>	<p><b>General:</b></p> <ul style="list-style-type: none"> <li>- Within 5 days of departure</li> <li>- If not under medical supervision</li> <li>- If condition is not stable</li> </ul> <p><b>Heart attack:</b></p> <ul style="list-style-type: none"> <li>- Within 4 weeks of departure</li> </ul> <p><b>Stroke:</b></p> <ul style="list-style-type: none"> <li>- Within 4 weeks of departure</li> </ul> <p><b>Embolism:</b></p> <ul style="list-style-type: none"> <li>- If clot acute</li> <li>- Within 4 weeks of departure</li> </ul> <p><b>Thrombosis / Deep Vein Thrombosis:</b></p> <ul style="list-style-type: none"> <li>- Within 5 days of departure</li> <li>- Without thrombosis prophylaxis and stockings</li> </ul>	<p><b>General:</b></p> <ul style="list-style-type: none"> <li>- From 6th day up to end of 3<sup>rd</sup> month</li> <li>- If condition is severe</li> <li>- If complications are to be expected</li> <li>- If condition is unclear</li> </ul> <p><b>Heart attack:</b></p> <ul style="list-style-type: none"> <li>- From the beginning of the 5<sup>th</sup> week up to end of the 3<sup>rd</sup> month</li> </ul> <p><b>Stroke:</b></p> <ul style="list-style-type: none"> <li>- From the beginning of 5<sup>th</sup> week up to the end of the 2<sup>nd</sup> month</li> </ul> <p><b>Embolism:</b></p> <ul style="list-style-type: none"> <li>- From the 5<sup>th</sup> week up to end of the 3<sup>rd</sup> month</li> </ul> <p><b>Thrombosis / Deep Vein Thrombosis:</b></p> <ul style="list-style-type: none"> <li>- From the 6<sup>th</sup> day up to end of the 4<sup>th</sup> week and only with a thrombosis prophylaxis and stockings</li> </ul>	<p><b>General:</b></p> <ul style="list-style-type: none"> <li>- After the 3<sup>rd</sup> month</li> <li>- If condition is stable</li> <li>- If no complications are to be expected</li> </ul> <p><b>Stroke:</b></p> <ul style="list-style-type: none"> <li>- From the beginning of the 3<sup>rd</sup> month</li> </ul> <p><b>Thrombosis / Deep Vein Thrombosis:</b></p> <p><b>Thrombosis:</b></p> <ul style="list-style-type: none"> <li>- From the 5<sup>th</sup> week and only with a thrombosis prophylaxis and stockings</li> </ul>

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>
<b>Fractures / Plaster casts</b>	<b>General:</b> - If not split or not back slab type <b>For flights up to two hours:</b> - Within 24hours after initial injury <b>For flights longer than two hours:</b> - Within 48 hours after initial injury <b>Circular cast:</b> - Up to 7 days	N/A	<b>General:</b> - Only if split or back slab type <b>For flights up to two hours:</b> - After 24hours after initial injury <b>For flights longer than two hours:</b> - After 48 hours after initial injury <b>Circular cast:</b> - From the 8th day
<b>Infectious diseases</b>	<b>General:</b> If infectious	N/A	<b>General:</b> If not infectious
<b>Convulsions / epilepsy</b>	<b>General:</b> - If last seizure is less than 24 hours ago - Not seizure free - If condition is not stable	N/A	<b>General:</b> - If last seizure is more than 24 hours ago - If seizure free - If condition is stable
<b>Psychological impairments and/or psychiatric diseases</b>	<b>General:</b> - If condition is not stable - If acute symptoms haven't settled - If customer has not been fully assessed	<b>General:</b> - If condition is unclear - If condition is severe and/or there are complications to be expected	<b>General:</b> - If condition is stable - If no complications are to be expected



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>
<b>Other impairments</b>	<p><b>General:</b></p> <ul style="list-style-type: none"> <li>- If condition is not stable</li> <li>- If acute symptoms haven't settled</li> <li>- If customer has not been fully assessed</li> </ul> <p><b>Diving:</b></p> <ul style="list-style-type: none"> <li>- Last dive is less than 24 hours ago</li> </ul> <p><b>Sickle Cell disease:</b></p> <ul style="list-style-type: none"> <li>- Sickling crisis in the previous 9 days</li> <li>- If Hemoglobin level is below 9,5 gm/dl</li> </ul> <p><b>Anemia:</b></p> <ul style="list-style-type: none"> <li>- If Hemoglobin level is below 9,5 gm/dl</li> </ul> <p><b>Ear / Sinus Problems:</b></p> <ul style="list-style-type: none"> <li>- Acute catarrh or recent middle ear surgery</li> </ul> <p><b>Meningitis:</b></p> <ul style="list-style-type: none"> <li>- If the condition hasn't completely resolved</li> </ul>	<p><b>General:</b></p> <ul style="list-style-type: none"> <li>- If condition is unclear</li> <li>- If condition is severe</li> <li>- If complications are to be expected</li> </ul> <p><b>Meningitis:</b></p> <ul style="list-style-type: none"> <li>- From the 11<sup>th</sup> up to end of 27<sup>th</sup> day after condition has completely resolved</li> </ul> <p><b>Anemia / Sickle Cell disease:</b></p> <ul style="list-style-type: none"> <li>- Hemoglobin level is higher than 9,5gm/dl up to 12gm/dl</li> </ul>	<p><b>General:</b></p> <ul style="list-style-type: none"> <li>- If condition is stable</li> <li>- If acute symptoms have settled</li> <li>- If no complications are to be expected</li> </ul> <p><b>Diving:</b></p> <ul style="list-style-type: none"> <li>- Last dive is 24 hours ago</li> </ul> <p><b>Meningitis:</b></p> <ul style="list-style-type: none"> <li>- From 28th day after condition has completely resolved</li> </ul> <p><b>Anemia / Sickle Cell disease:</b></p> <ul style="list-style-type: none"> <li>- If Hemoglobin level is higher than 12 gm/dl</li> </ul>