PAKISTAN INTERNATIONAL AIRLINES
(MEDICAL CERTIFICATE)
(To be filled up in duplicate by Attending Physician)

1. Name Of Patient:_____2.Age _____
3. Origin :_____ Final Destination:_____
4. Proposed date of travel_____
5. Condition of Patient:_____
6. Ambulance Case : YES ☐ NO ☐
7. Wheel Chair Required YES ☐ NO ☐
8. Stretcher Case YES ☐ NO ☐
9. Oxygen Required YES ☐ NO ☐

10. If ambulance is required then NAME OF PERSON/COMPANY providing ambulance from
    a. House / Hospital to Airport (Origin) :_____
    b. Airport to House /Hospital (Destination) :_____
11. Type of Oxygen provided on PK flights is AVIATOR BREATHING OXYGEN at 3600 psig with flow rate of 2 liter pr min and 4 liter per min.

Does this system fulfill the need of patient YES ☐ NO ☐

12. Flow rate of Oxygen required 2 LITER PER MIN ☐ 4 LITER PER MIN ☐
13. .maximum quantity of oxygen needed each hour: _____

14. Whether attendant is required if the patient is above 14 years of age: YES ☐ NO ☐
    Note: Passenger at the age of 14 years or less or at the age of 75 or more should be accompanied personal attendant

Diagnosis:

15. Does Patient suffer from a communicable disease in active form?_____

16. Does patient suffer from a malady which by normal standards, could be considered offensive In appearance to other passenger?_____

17. Does patient suffer from a malady which either because of the nature of the malady it self or because of the treatment required can create an adour, which by the normal standards could be considered offensive to other passengers?_____
18. If the answer is YES to any of the above three questions then please explain:_____
    _____
19. Please state if, in your professional opinion, the patient is able to care for his/her personal needs:
    _____
20. In my opinion the proposed flight(s) to be undertaken by my patient will not be any way injurious for him
    _____
    _____

_____ _____ _____

DATE TIME (Signature & Stamp of Treating Physician

RMDC REG NO _____

PAKISTAN INTERNATIONAL AIRLINES
SICK/INVALID PASSENGRS & PRISONERS
TO BE PREPARED IN TRIPLICATE

DATE:_____

To,

Pakistan International Airlines

I, the undersigned, hereby agree to release Pakistan International Airlines Corporation, their agents and employees from any and all liabilities for possible detrimental consequences to the health of Mr./Mrs_____travelling from _____
Name of the passenger Point of Origin
to _____ by PIA's Flight No:_____,
Point of Destination DATE OF TRAVEL
Which might occur before, during or after transportation by Pakistan International Airlines Corporation?

The undersigned will bear all additional costs arising from my/the above person's transportation and will assume full responsibility for damage which might be caused to Pakistan International Airlines Corporation or a third party.
Stretcher case to report at PIA check-in counter 03 Hours before departure on must basis.

Signature _____
PASENGER OR PARENT /GUARDIAN

Telephone No_____

Address _____

Distribution: *The first copy will be attached to the Auditor's copy of the flight coupon.
*The second copy will be handed over to flight purser to be eventually handed over Passenger handling unit at the disembarking station.
*Third copy will be retained for office record at issuing office.