



Dear Customer

This information you provided during your booking inquiry has prompted Qantas to ask that you read and consider the Qantas Travel Clearance Guidelines (a copy of which is enclosed). If, having considered the Travel Clearance Guidelines, you consider it appropriate, you should ask your treating doctor to complete a Travel Clearance Form (enclosed). A letter to your doctor is also enclosed.

The purpose of the Travel Clearance Form is to enable Qantas, in conjunction with your treating doctor, to ensure your health and safety during your flight.

Please ensure that the completed Travel Clearance Form is returned to Qantas at least 5 days before the date of your proposed flight. If this does not happen, Qantas may not be able to clear you for travel and make the necessary arrangements in time, resulting in possible delays.

In permitting your treating doctor to complete the Qantas Travel Clearance Form, you are waiving the confidentiality of the information disclosed by your treating doctor. Qantas will disclose the contents of the Travel Clearance Form to all carriers associated with this ticket. However, Qantas will not disclose the content of the Travel Clearance Form to any other third party without your permission, or unless it is required by law.

If you have any questions about the Travel Clearance Form or your travel clearance generally, please contact **Qantas Special Handling on (+61) 2 8222 2651**.

Yours sincerely,

Medical Director  
Qantas Medical Services



Dear Doctor

Your patient wishes to travel by air with either Qantas, a Qantas subsidiary or Interline ticket associated with a Qantas ticket.

The information provided by your patient at the time of his/her booking inquiry has prompted Qantas to ask that you complete the attached Travel Clearance Form and, if appropriate, certify that your patient is fit to undertake the proposed travel. This assessment is to be carried out at your patient's expense.

The attached Travel Clearance Guidelines explain the special conditions to which Passengers are exposed during air travel and the restrictions that Qantas places on air travel. They also list the specific conditions that require consideration by you before you certify that your patient is fit to travel by air. It is very important that you consider the Travel Clearance Guidelines very carefully before you complete the Travel Clearance Form.

Once you have completed the Travel Clearance Form, please return it to Qantas by facsimile on **(+61) 2 9490 1830**. If you believe that special consideration should apply to an individual patient, you should contact Qantas Special Handling on **(+61) 2 8222 2651** to discuss the particular case.

Yours sincerely

Medical Director  
Qantas Medical Services

## Qantas Travel Clearance Requirements

Airline travel has some unique features which must be considered by passengers with medical conditions to ensure a safe and comfortable flight.

Key features that a passenger and their treating medical practitioner must consider are:

**Oxygen:** The commercial aircraft cabin is pressurised to a level that is equivalent to being up to 8,000 ft altitude reducing the amount of oxygen available to breath. Healthy people have no problems at these altitudes but passengers with anaemia, or heart and lung conditions may be at risk and supplemental oxygen may be required or travel delayed until their condition has improved. Severe or complex cases may need to have altitude simulation studies to ensure their safety during the flight.

**Advanced medical care:** The aircraft cabin is a closed environment where access to advanced medical care may not be possible for many hours depending on the flight path. Qantas flight attendants are trained in first aid and planes carry doctors medical kits and heart defibrillators but complex medical assessment and treatment on board is not possible. If a passenger is at risk of a serious illness or complication in flight, they should consider delaying their flight.

Detailed guidance for both passengers and their doctors is provided below. In developing these guidelines Qantas has considered the IATA Medical Manual and consulted with specialists in the relevant fields.

## Qantas Travel Clearance Guidelines

Diagnosis/ Condition	Not suitable for travel	Qantas travel clearance form required Travel will be suitable in most cases if treating doctor clears for travel.	Comments for treating doctor's information
<b>Heart, circulatory and blood conditions</b>			
Angina (chest pain due to heart problems)	Unstable angina	Control achieved only recently (within 14 days)	Must be stable and no angina at rest
Myocardial infarction (heart attack)	Within last 7 days	Within 8 - 21 days or complications.	Must be stable
Cardiac (heart) failure	Uncontrolled heart failure	If cardiac failure is controlled and stable	If borderline, medical oxygen may be necessary
Serious cardiac arrhythmia (irregular heart beat)	Within 7 days	Within 8 -21 days	Does not include benign arrhythmias
Pacemakers insertion	24 hours	Within 7 days	
Angiography (Heart – Coronary artery X rays)	Less than 24 hours	21 days	
Angioplasty with or without stent (Widening of arteries)	2 days or less	21 days	
Cardiac surgery	9 days or less	10 - 21 days (CABG and valve surgery)	
Thrombophlebitis of legs	If active	Taking anti coagulants	Stable on oral anticoagulants
DVT/Pulmonary embolism or at risk of DVT	Onset 4 days or less	5 - 21 days	Anti coagulation stable and PAO2 normal on room air
Anaemia	Hb less than 8.5 g/dl	Chronic disease	If acutely anaemic, Hb level should be assessed more than 24 hrs after last blood loss, which must have ceased
Sickle cell disease	Sickling crisis in previous 9 days	10 days and over	Always need supplement of oxygen

<b>Diagnosis/ Condition</b>	<b>Not suitable for travel</b>	<b>Qantas travel clearance form required</b> Travel will be suitable in most cases if treating doctor clears for travel.	<b>Comments for treating doctor's information</b>
<b>Respiratory Conditions</b>			
Pneumothorax (air in the cavity around the lung due to a puncture wound or spontaneous) Haemo-pneumothorax (Blood and Air around the lung)	7 days or less after full inflation	8 - 21 days after full inflation	Must have no air in chest cavity on chest X ray
Chest surgery	14 days or less	15 - 28 days, experiencing symptoms or complications	e.g. lobectomy, pleurectomy, open lung biopsy
Pneumonia	Acute, with symptoms	Within 7 days of resolution - complications or on going symptoms	Fully resolved or, if X ray signs persist, must be symptom free
COPD, emphysema, pulmonary fibrosis, pleural effusion (fluid in the lung cavity) and haemothorax (Blood in the cavity around the lung) etc.	Cyanosis on the ground despite supplementary oxygen. Unresolved recent exacerbation	If unstable or poor exercise tolerance of less than 50 metres. Recent exacerbation (7 days)	Supplementary oxygen may be required in flight. Altitude studies may be needed
Asthma	Recent severe attack within 48 hours	Severe episode or hospitalisation within 48 hours	Must be stable and have medication with them
<b>Neurological Conditions</b>			
TIA (transient Ischaemic Attack)	Less than 2 days	3 – 7 days	Must be stabilised
Stroke	Less than 3 days	4 - 14 days	Must be self sufficient otherwise escort/carer required
Grand mal fit/epilepsy	Less than 24 hours or unstable	Within 7 days of last fit.	
Cranial surgery	9 days or less	10 - 21 days	Cranium must be free of air
<b>Gastro Intestinal conditions</b>			
GIT Bleed	Less than 24 hours following a bleed	Up to 14 days following bleed	Endoscopic or clear evidence (ie Hb has continued to rise to indicate bleeding has ceased) Hb level must be sufficient for air travel
Major abdominal surgery	10 days or less	11 - 14 days or if complications persist	e.g. bowel resection, "open" hysterectomy, renal surgery etc
Peritoneal dialysis		Clearance required	
Appendectomy	4 days or less	Only if there are complications	
Laparoscopic surgery (Keyhole)	4 days or less	Only if there are complications	e.g. cholecystectomy (gall bladder removal), tubal surgery. All gas must be absorbed
Investigative laparoscopy	Less than 24 hours	Procedure within 1 -4 days	All gas must be absorbed

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<b>Ear nose and throat</b>			
Otitis media and sinusitis	Acute illness or with loss of Eustachian function		Must be able to clear ears
Middle ear surgery	9 days or less	10 - 14 days	Must be able to clear ears
Tonsillectomy	6 days or less	Only if complications	
Wired jaw	If travelling alone	If wired	Must have escort/carer with wire cutters
<b>Psychiatric</b>			
Acute psychosis (e.g. mania, schizophrenia, drug induced)	If unstable	Within 14 days of unstable episode or hospitalization	Providing stable for 7 days. Travel may be approved with suitable medical escort/carer
<b>Eye conditions</b>			
Penetrating eye injury	6 days or less	7 - 14 days.	Any gas in globe must be reabsorbed
Cataract surgery	Less than 24 hours	1 – 3 days	
Corneal laser surgery	Less than 24 hours	1 – 3 days	
<b>Pregnancy and new born</b>			
Pregnancy • Flights greater than 4 hours	<b>Single</b> pregnancy – after the 36 <sup>th</sup> week <b>Multiple</b> pregnancy – after the 32 <sup>nd</sup> week	Any pregnancy with complications will require a medical clearance	Risk of labour must be minimal <b>Note:</b> After 28 weeks of pregnancy every passenger must carry at all times, a letter from a doctor or midwife outlining estimated date of delivery, single or multiple pregnancy, absence of complications and fitness to fly
Pregnancy • Flights less than 4 hours	<b>Single</b> pregnancy – after the 40 <sup>th</sup> week <b>Multiple</b> pregnancy – after the 36 <sup>th</sup> week	Any pregnancy with complications will require a medical clearance	
Miscarriage (threatened or complete)	With active bleeding	Within 7 days of bleeding	Must be stable, no bleeding and no pain for at least 24 hours
New born	Less than 48 hours	3 - 7 days or with history of complications or premature birth	Risk of hypoxia if respiratory system not fully developed
<b>Trauma</b>			
Full plaster cast	Must be split if less than 48 hours <b>prior to departure</b>		
Burns	If still shocked or with widespread infection or greater than 20% total body surface area	Within 7 days of burn or surgical treatment	Must be medically stable and well in other respects
<b>Miscellaneous</b>			
Terminal illness	If at risk of death during flight	All cases	Medical condition may require stretcher, escorts/carers or oxygen. Will not accept passengers at risk of dying during flight
Infectious diseases	If infectious see guidelines below	See below	Must be non infectious see guidelines below
Scuba diving	Not within 24 hours of diving	Not required after 24 hours unless recent decompression sickness	
Decompression sickness (bends)	3 days for the bends 7 days with neurological symptoms	In all cases within 10 days of completing treatment	
Allergies/ anaphylaxis (severe, even life threatening allergic reactions)	Passengers must be at low risk of a reaction on board. Qantas cannot guarantee the airline environment or food will be free of specific allergens. If a passenger is carrying an auto injector device e.g. EpiPen®, they must ensure it is in their carry on luggage and that they or a escort/carer/companion, are willing and capable of administering it if needed		
Requirements for	Clearance required in all cases.		

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oxygen, medical equipment and/or escorts	Restrictions apply, plug in medical equipment must be approved by Qantas engineers, and oxygen has to be arranged prior to flights. For recent list of approved equipment see <a href="#">Qantas Authorised Medical Equipment List</a>		

## Infectious Diseases

Diagnosis / Condition	Not suitable for travel	Qantas Travel Clearance form required Travel will be approved in most cases if treating doctor clears for travel	Comments for treating doctor's information
Chicken Pox (including shingles)	If active lesions present	If unsure	All lesions must be dried and crusted
Conjunctivitis (bacterial)	If eye still discharging pus, and not improving on antibiotics	If unsure	Must be treated by appropriate antibiotic drops / ointment and be responding
German Measles (Rubella)	Within 5 days after the onset of the rash	If rash persisting after 5 days	
Impetigo ("School sores")	If not on treatment or if blisters uncovered	If unsure	Travel not recommended unless on appropriate treatment and covered in watertight dressings
Influenza	If symptomatic (eg. Fever, cough, aches and pains)	If unsure	Travel not suitable for those displaying obvious signs of influenza / unwell
Measles	Within 7 days after onset of rash	If rash is persisting after 7 days	
Mumps	Within 9 days after onset of swelling	If swelling is still present after 9 days or unwell	
Scabies	If not treated or within 1 day of treatment starting	If on treatment for scabies	Travel not suitable until day after treatment has begun
Tuberculosis	If infectious	<b>All</b> cases of tuberculosis <b>MUST</b> have a Travel Clearance Form completed. Passengers with tuberculosis will not be cleared for travel until their treating practitioner can confirm that they are not infectious.	
Whooping Cough (Pertussis)	Within 3 weeks from the onset of the whoop (if not on treatment) or within 5 days of effective antibiotic therapy	If on ongoing effective antibiotic therapy longer than 5 days	May travel after 5 days of effective antibiotic therapy

NB If a passenger presents with a doctor's certificate confirming that the passenger is not infectious and that the guidelines outlined above have been met, they may travel without a MEDA clearance.

