

# Aerospace Medical Association

## Medical Guidelines for Airline Travel

### Fitness to Fly and Medical Clearances

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Based on the above, it is evident that not everyone is fit to travel by air and physicians should advise their patients accordingly. They should review the passenger's medical condition, giving special consideration to the dosage and timing of any medications, contagiousness, and the need for special assistance during travel.

As a general rule, an individual with an unstable medical condition should not fly. Instability combined with flight stresses could pose a serious threat to the health and well-being of the sick or injured traveler. As mentioned in previous paragraphs, a lowered in-flight barometric pressure and oxygen partial pressure are of particular significance for passengers with cardiopulmonary disease. Therefore, the cabin altitude and duration of exposure are important considerations when recommending a passenger for flight. The altitude of the destination airport should also be considered.

Common medical conditions which should be addressed in a pre-flight medical evaluation include cardiovascular disease (e.g., angina pectoris, congestive heart failure, myocardial infarction, etc.), deep venous thrombosis, asthma and emphysema, surgical conditions, seizure disorder, stroke, mental illness, diabetes, and communicable diseases.

The passenger's health care provider should also consider vaccination status and the public health aspects of communicable diseases. Individuals with any significant communicable disease that could be transmitted to other passengers should postpone air travel until they are no longer contagious. Of particular concern is tuberculosis, and lately measles and chicken pox. Prospective passengers who have tuberculosis should have had, or be receiving, adequate therapy and be non-infectious prior to flight. (1)

If the physician has fully reviewed the prospective traveler's condition and there is any question regarding the suitability to fly or any special requests for assistance, the airline should be contacted. The physician should first consult the airline web site to see if there is any information regarding sick travelers who may wish to travel. If such information exists, it may also include a contact number or e-mail address that the physician can use. If this information cannot be located, the physician should contact reservations, which will be aware of the medical

clearance procedure if one is in place. This procedure may be through the airline medical department or a designated consultant. For a passenger with a medical condition that could lead to an exacerbation of in-flight illness, injury, or risk to other passengers, some airlines will require a medical certificate from the health care provider stating that the passenger is currently stable and fit for air travel. For a communicable disease, the certificate should also state that the passenger is not contagious.

In many cases, returning home after having a medical problem abroad, or seeking medical treatment in a different country/city (so-called medical tourism), a passenger might be flying because of his/her medical condition. Such cases should always be seen as a medical transportation/evacuation case as the potential for unwanted complications are higher given the possible clinical instability. Special attention should be given to make arrangements for ground transportation to and from the airport allowing for a smooth transfer, as well as provision of medication and sometimes even for a medical escort.

Another useful source of information is the IATA passenger medical clearance guidelines in the IATA Medical Manual. (2)

For the traveling public, AsMA also has an online document that provides advice: "Health Tips for Airline Travel" . (3)

#### **REFERENCES:**

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