Fitness to Fly

GUIDELINES • 2022

air seychelles

Clearance Procedures

If you are suffering from any health issues and will require assistance throughout your journey with us, we can help to ensure you have a safe and comfortable flight.

The average healthy passenger tolerates air travel very well, however the cabin environment may present significant challenges to those with medical problems. More people are travelling including the elderly and those with medical problems because of the changes in demography and attitude toward air travel.

Hence it is important that passengers and their physicians in order to complete necessary documents prior to travelling understand the requirements.

Fitness to Fly

The Principal factors to be considered when assessing a patient's fitness for air travel are:

- Reduction in atmospheric pressure with resultant gaseous expansion (Cabin air pressure changes greatly after take-off and before landing and gas expansion and contraction can cause pain and pressure effects, especially important for gas in the brain, eyes, sinuses, gastrointestinal tract and lungs).
- Reduction in oxygen partial pressure. (The cabin is pressurized to an altitude equivalent of 6000 to 8000 feet and oxygen partial pressure is approximately 20-25% less than on the ground. Patients with cardiorespiratory disease or anemic may be at risk).

Conditions Requiring Medical Clearance

Passengers with the following medical conditions require Medical Clearance from Air Seychelles if:

- Medical attention and/or special equipment is required to maintain their health during the flight;
- Has a medical condition which may be aggravated during or because of the flight;
- Is completely immobile (WCHC);
- Is suffering from a disease, infection or condition which is believed to be actively contagious and communicable;
- Requires a stretcher;
- Requires medical oxygen during flight or is using their personal oxygen concentrator or ventilator;
- Suffers from an unstable physical or psychological (mental health) condition;
- Has recently suffered from a major medical incident (heart attack, heart failure, stroke, respiratory failure);
- Requires use of battery powered medical equipment or need to undertake a medical procedure in-flight, e.g. injections;
- Suffers from thrombophlebitis;
- Is traveling with an infant aged 7 days or less, a premature infant (who does not require an incubator).

Therapeutic Oxygen

Air Seychelles provides an oxygen service available all its aircraft in both economy and business class. This service must be requested at least 72 hours prior to departure. Air Seychelles uses the "Zero Two" oxygen cylinder which is compatible with other medical equipment. For details/specifications please refer to the website http://www.aeromedicgroup.com

Medical Assistive Devices

Personal electronic respiratory assistive devices such as ventilators, respirators, continuous positive airway pressure machines and portable oxygen concentrators, approved by Federal Aviation Administration (FAA) may be permitted to be carried / used on Air Seychelles aircraft.

Passengers must ensure that the assistive devices have sufficient battery supply to last for 1.5 times the flight duration. *Note prior medical clearance is required.*

Fitness to Fly

MEDIF (Medical Fitness Information)

The MEDIF and medical report must be submitted to Air Seychelles via email at ***medif@airseychelles.com*** or its agent 72 hours before commencement of travel. The MEDIF shall be completed based on the passenger's condition within 10 days of date of travel. Further investigation reports may be requested by the Air Seychelles Aviation Medical Doctor.

Air Seychelles is to be notified immediately of any change in the passenger's condition before commencement of travel and during the trip; another medical report and MEDIF will be required to confirm his fitness to travel.

Medical Clearance Certificate

Air Seychelles Aviation Doctor provides approval for travel by issuing stamped and signed Air Seychelles Medical Clearance Certificate, a copy of which is given to passengers by Sales and Reservations or its agent. Passengers may be requested to show the certificate at any time during their trip and so are advised to make it available. Separate clearance will be required for the return journey.

Specific Medical Guidelines

The following tables are provided as a guide to the timeframe that should elapse between a medical event and the intended flight. The timeframes may be changed following considered medical assessment of a specific case. The medical guidelines makes reference to the 12 edition of IATA's Medical Manual.

Cardiovascular & other Circulatory Disorders

Diagnosis	Assessment by a doctor with aviation medicine experience	Accept	Comments
Angina	Unstable angina or angina with minimal exertion	Controlled with medication. No angina at rest	
Myocardial Infarction Post-Stemi & Nstemi		Low risk * 3 days Medium risk ** 10 days	High risk *** Defer travel until condition is stable
Cardiac Failure	Acute heart failure or uncontrolled chronic heart failure	If cardiac failure is controlled and condition is stable.	Adequate control is someone that can walk 50 meters or go up a flight of stairs on room air at a normal pace without breathlessness. Otherwise, in-flight oxygen needs to be considered
Pulmonary Oedema	Unresolved	Resolved pulmonary Oedema + any precipitating condition	May need also to comply with myocardial infarction rules
Cyanotic Congenital Heart Disease	All cases		In-flight oxygen needs to be considered in all cases
Cardia Surgery	9 days or less for CABG and valve surgery. Recent transpositions, ASD, VSD, transplants etc	≥ 10 days	ASD = Atrial Septal Defect VSD = Ventricular Septal Defect CABG = Coronary Artery Bypass Graph
Angiography (Heart -Coronary Artery X Rays)	24 hours or less	≥ 24 hours if original condition is stable.	
Angioplasty With or without Stent (Widening of Arteries)	2 days or less	≥ 3 days if asymptomatic	
Pacemaker or Defibrillat or Implantation		≥ 2 days if no pneumothorax and rhythm is stable	
Ablation Therapy		≥ 2 days	Patient flying within a week of the procedure is considered at high risk of DVT
Deep Venous Thrombosis of Legs	If active	Once asymptomatic	Stable on oral anticoagulants
Pulmonary Embolism	Onset 4 days or less	≥ 5 days if anticoagulation stable and PAO 2 normal on room air	

Blood Disorders

Diagnosis	Assessment by a doctor with aviation medicine experience	Accept	Comments
Anemia	Hb less than 8.5 g/dl (5.3 mmol/L) unless due to chronic disease	≥ Hb 8.5 g/dl (5.3 mmol/L)	If acutely anemic, Hb level should be assessed more than 24 hrs. After last blood loss, which must have ceased. Consider oxygen requirement
Sickle cell disease	Sickling crisis in previous 9 days	≥ 10 days	Always need supplement of oxygen.

Respiratory Disorders

Diagnosis	Assessment by a doctor with aviation medicine experience	Accept	Comments
Pneumothorax ***(air in the cavity around the lung due to a puncture wound or spontaneous)***	6 days or less after full inflation. If general condition is adequate, early transportation with "Heimlich type" drain and a doctor or nurse escort is acceptable	7 after full inflation 14 days after inflation for traumatic pneumothorax	
Hest Surgery	10 days or less	≥ 11 with uncomplicated recovery	e.g. lobectomy, pleurectomy, open lung biopsy
Pneumonia	With symptoms	Fully resolved or, if X-ray signs persist, must be symptom free	Consider supplementary oxygen especially in case of recent episode, elderly passenger and longer flights.
Tuberculosis	Untreated or non-responsive to treatment	After at least two weeks of appropriate treatment and with evidence of response to treatment	
COPD, emphysema, pulmonary fibrosis, pleural effusion (fluid in the lung cavity) and hemothorax (Blood in the cavity around the lung) etc.	Supplementary oxygen needed at ground level. PO2 < 50mmHg Unresolved recent exacerbation	Exercise tolerance (walk) > 50 metres without dyspnea and general condition is adequate. Full recovery if recent exacerbation.No current infection.	

Respiratory Disorders

Diagnosis	Assessment by a doctor with aviation medicine experience	Accept	Comments
Pulmonary Hypertension	NYHA (see below) functional classification II and III	NYHA (see below) functional classification I	NYHA (see below) functional classification IV would normally be done under an air evacuation protocol. NYHA III required supplemental oxygen.
Cystic Fibrosis	FEV1 < 50% at ground level	No current infection	
Asthma		Currently asymptomatic and no infection	Remind to carry usual prn medication in carry-on luggage.
Cancer	Under active treatment (radio or chemo). Pleural effusion Dyspneic at ground level	Asymptomatic	Major hemoptysis is a contraindication
Bronchiectasis	Hypoxemic at ground level	No current infection	
Neuromuscular Disease	Severe extra pulmonary restriction. Need home ventilation		
Pulmonary Arteriovenous Malformations	If severe hypoxemic (SpO2 < 80% at ground level		
Ventilators	Seriously ill cases should only be accepted after detailed discussion with airline medical advisor	Long term stable cases requiring only ventilation with air	

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