



Revised 12/2022

Pilots for Christ International-Colorado Chapter

Physician's Evaluation of Eligibility

The patient would most likely be transported in a light General Aviation aircraft, unpressurized and at altitudes of up to 14,000 feet above sea level. If you can approve this patient taking this flight, please fill out the following information and return it to our office as soon as possible. If you have questions please feel free to contact us.

Patient/Recipient Name: _____ **Age:** _____

Weight: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____

If patient is a minor, enter name of the parent or guardian: _____

Parent/guardian address if different from minor's _____

Physician's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____

Patient's Diagnosis: _____

Medical reason for requested travel: (please check all that apply)

- Time-Critical
- Financially Needy (individual and family unable to provide finances for trip)
- Compassion (physically unable to travel by any other means)
- Low Immunity System
- Other _____

PILOTS FOR CHRIST INTERNATIONAL-COLORADO CHAPTER IS NOT AN AIR AMBULANCE

To the best of my knowledge, this patient / family is eligible for charitable transportation. I am sufficiently familiar with aviation physiology to be of the opinion that this patient can safely travel by small aircraft at altitudes up to 12,500 feet above sea level and, for 30 minutes or less when necessary to avoid mountainous terrain, up to 14,000 feet above sea level.

(Prior to Medical Apt., Medical Stay, and/or Medical Procedure)

Signature: _____, **M.D./D.O. Date:** _____

(After Medical Apt., Medical Stay, and/or Medical Procedure)

(From Destination M.D./D.O.) Signature: _____, **M.D./D.O. Date:** _____