

Information for Health Care Providers

Air Travel with Medical Conditions

There are numerous factors to consider when determining if your patient is medically fit to fly. Air travel can have low humidity, turbulence, prolonged periods of immobility, and requires a guest to sit upright in an aircraft seat. Several other factors can lead to deterioration of a medical condition on board, including:

- **Gas expansion at altitude** - As an aircraft ascends to cruising altitude, any gas trapped in the body will expand. In fact, the volume of gas can expand up to 30%, causing significant issues in specific instances. It may be important for your patient to consider delaying air travel if they have had recent surgery (especially in a small space such as the eye or ear) or recent pneumothorax (collapsed lung).
- **Altitude and its effect on oxygen levels** - Our aircraft are pressurized to altitudes equivalent to 5000-8000 ft above sea level. At this altitude, there is less oxygen available. Healthy individuals will not notice this change, but those suffering from severe anemia, cardiac or pulmonary conditions could be at risk of severe hypoxia. Some individuals may require a Personal Oxygen Concentrator (POC) on board an aircraft to supplement their oxygen needs, even if they do not require oxygen on the ground. In these instances, consider delaying air travel until their condition is stable.
- **Limited access to medical care on board** - In the event of a medical issue on board, our crews are trained in first aid and cardiopulmonary resuscitation (CPR). However, access to higher level medical care can take a prolonged amount of time, depending on many factors.

When should a Medical Information Form (MEDIF) be completed?

Please consider filling out a MEDIF for your patient if they have any of the following conditions or illnesses:

- a) Any medical condition or illness that may deteriorate while on board the aircraft and potentially impact other guests. Examples may include severe heart disease, active infectious diseases, neurological issues or unstable psychiatric illness.
- b) Any medical condition or illness that may worsen because of conditions on board the aircraft at cruising altitude. Examples may include a recent surgery where air is introduced into a body cavity, recent epistaxis, severe respiratory disease, or recent pneumothorax.
- c) Any potentially contagious infectious diseases such as tuberculosis, chicken pox, or influenza.

The following guidance provided is in accordance with the International Air Transport Association's [guidelines](#).

A completed WestJet MEDIF provides the information required to determine if a patient with remarkable underlying health issues is medically fit to fly. The type of medical information gathered complies with international air travel guidelines. The information provided is retained in accordance with [WestJet's Privacy Policy](#) and the requirements of the Canadian Transportation Agency's Accessible Transportation for Persons with Disabilities Regulations.

Cancer

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Any cancer undergoing chemotherapy treatment	<ul style="list-style-type: none"> No recent chemotherapy has been administered Symptoms are controlled Hgb >90g/L and electrolytes are in the normal range 	<ul style="list-style-type: none"> Patient should not fly during active administration of a cytotoxic medicine, especially when this involves slow-release cytotoxic drugs via vascular access

Cardiac and vascular conditions

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Ablation therapy	<ul style="list-style-type: none"> >48 hours with stable rhythm 	<ul style="list-style-type: none"> Patients flying within a week of the procedure are considered high risk for DVT
Angina	<ul style="list-style-type: none"> No symptoms at rest Can walk 50m without significant shortness of breath or chest pain. Symptoms controlled with medication 	<ul style="list-style-type: none"> Angina with minor exertion may require O₂ in flight (CCS III) Individuals with symptoms at rest should defer travel (CCS IV)
Angiography	<ul style="list-style-type: none"> >24 hours with original condition judged as stable 	
Angioplasty with or without stent	<ul style="list-style-type: none"> >3 days, asymptomatic and stable underlying health issues 	
Cardiac surgery	<ul style="list-style-type: none"> 2 weeks post procedure without complicating factors Stable medications CXR excluding pneumothorax Hgb >90 g/L 	
Congestive heart failure	<ul style="list-style-type: none"> Controlled and stable chronic heart failure No exacerbations in the past 6 weeks Able to walk 50m or one flight of stairs without shortness of breath or chest pain 	<ul style="list-style-type: none"> Symptoms with exertion (NYHA class 3) may require O₂ in flight NYHA class 4 should defer all non-essential travel and must fly with inflight O₂
Cyanotic congenital heart disease		<ul style="list-style-type: none"> MEDIF form necessary for all patients Consideration of inflight O₂ in all cases
Deep venous thrombosis	<ul style="list-style-type: none"> Asymptomatic and stable on anticoagulant therapy 	
Hypertension	<ul style="list-style-type: none"> Not required for isolated hypertension 	<ul style="list-style-type: none"> Travel should be deferred for those with severe and uncontrolled hypertension
Myocardial infarction (STEMI and NSTEMI)	<ul style="list-style-type: none"> MI >2 weeks ago and is asymptomatic with stabilization of medications 	<ul style="list-style-type: none"> Low risk-<65 years of age, first event, successful reperfusion, EF >45%, no complications, no investigations or interventions planned may fly earlier with approval High Risk-EF<40%, heart failure, pending investigation, revascularization, or device therapy should have travel deferred until stabilization of the condition

Cardiac and vascular conditions cont'd

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Pacemaker or defibrillator implantation	<ul style="list-style-type: none"> >2 days if rhythm is stable CXR has ruled out pneumothorax 	
Pulmonary edema	<ul style="list-style-type: none"> Resolved pulmonary edema Resolution of the precipitating condition 	
Pulmonary embolism	<ul style="list-style-type: none"> > 2 weeks since onset Adequate anticoagulation Asymptomatic 	<ul style="list-style-type: none"> Consideration can be given to those requiring essential travel after 5 days if adequately anticoagulated, asymptomatic and PaO₂ normal on room air

Central nervous system disorders

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Cognitive impairment including dementia	<ul style="list-style-type: none"> Mild impairment Functions independently in the community No paranoia, aggressive behaviour, or agitation No history of deterioration in flight Patient is alert and orientated x3 (person/place/time) 	<ul style="list-style-type: none"> Consider support of an attendant
CVA (stroke)	<ul style="list-style-type: none"> 14-28 days since event Stable condition 	<ul style="list-style-type: none"> Medical Desk will consider flight prior to 14 days but supplemental O₂ will be required
Head trauma	<ul style="list-style-type: none"> Mild concussion Minimal symptoms (headache only) Injury >48 hours 	<ul style="list-style-type: none"> Recent (<4weeks), skull fractures, subarachnoid or subdural bleeds all require Medical Desk approval
Seizures	<ul style="list-style-type: none"> Stable control with no seizures in the past 30 days 	<ul style="list-style-type: none"> Flight is contraindicated if unstable seizure disorder or grand mal seizure in the past 24 hours Relative hypoxia onboard can lower the seizure threshold in some individuals
Syncope	<ul style="list-style-type: none"> Age <70 with classic vasovagal syncope Age >70 and non-vasovagal syncope investigated, and underlying condition stabilized >24 hours since episode 	
TIA	<ul style="list-style-type: none"> >72 hours since event Asymptomatic Investigations completed 	<ul style="list-style-type: none"> Crescendo TIAs should avoid travel

Ear, nose and throat disorders

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Dental procedures	<ul style="list-style-type: none"> > 24 hours since procedure Pain controlled 	<ul style="list-style-type: none"> Recommend all patients with recent dental procedures bring their own prescribed or over the counter pain medication for travel
Epistaxis (nosebleed)	<ul style="list-style-type: none"> Bleeding has stopped for more than 24 hours No packing is in place Hgb >90 g/L 	
Middle ear surgery	<ul style="list-style-type: none"> >10 days since surgery Uncomplicated surgery Clearance from ENT surgeon 	
Nasal surgery	<ul style="list-style-type: none"> >10 days postoperative Uncomplicated surgery ENT clearance to fly 	
Otitis media or sinusitis	<ul style="list-style-type: none"> Able to clear ears Illness is improving No additional infectious disease concerns (e.g., COVID-19) 	
Tonsillectomy	<ul style="list-style-type: none"> > 3 weeks since surgery Hgb >90 g/L 	<ul style="list-style-type: none"> Due to bleeding risk, travel prior to 3 weeks will require Medical Desk approval with consultation with ENT surgeon
Wired jaw	<ul style="list-style-type: none"> Escorted travel with knowledge of how to use cutters to remove in an emergency Unescorted quick release wiring 	

Gastrointestinal disorders

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Diverticulitis	<ul style="list-style-type: none"> Symptom resolution Antibiotics completed Chronic disease not requiring antibiotics 	<ul style="list-style-type: none"> Travel is contraindicated with acute symptoms (pain/fever)
Gastrointestinal bleed	<ul style="list-style-type: none"> No bleeding in > 10 days Hgb > 90g/L 	<ul style="list-style-type: none"> 1-9 days may consider travel if endoscopic confirmation and rising Hgb levels
Major abdominal surgery (bowel resection, open hysterectomy, renal surgery)	<ul style="list-style-type: none"> Uncomplicated surgery >14 days ago Hgb >90 g/L Pain controlled 	<ul style="list-style-type: none"> Time can be reduced to 7 days if the intestinal lumen was not opened
Nausea/vomiting/diarrhea	<ul style="list-style-type: none"> 24 hours past the last episode of vomiting and diarrhea and is currently asymptomatic 	<ul style="list-style-type: none"> Travel is contraindicated with active symptoms or symptoms of dehydration

Gastrointestinal disorders cont'd

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Uncomplicated laparoscopic surgery (appendectomy, tubal ligation, gall bladder removal)	<ul style="list-style-type: none"> > 5 days if uncomplicated recovery 	<ul style="list-style-type: none"> More complex laparoscopic procedures such as a hemicolectomy would follow major abdominal surgery requirements Flight prior to 5 days will be considered if bloating symptoms are absent

Hematological conditions

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Acute leukemia	<ul style="list-style-type: none"> Stable remission Hgb > 90g/L 	
Anemia	<ul style="list-style-type: none"> Hgb > 90g/L and underlying health conditions are stable 	<ul style="list-style-type: none"> If acute anemia, repeat Hgb should be completed 24 hours after last blood loss Supplemental O₂ should be considered for significant anemia or those with concurrent lung or cardiac disease
Bleeding disorder		<ul style="list-style-type: none"> Air travel is contraindicated if active bleeding is occurring
Clotting disorder	<ul style="list-style-type: none"> Anticoagulation is stable 	
Sickle cell disease		<ul style="list-style-type: none"> Always require supplemental O₂

Ophthalmological disorders

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Cataract surgery	<ul style="list-style-type: none"> >24 hours and uncomplicated surgery 	
Corneal laser surgery	<ul style="list-style-type: none"> >24 hours and uncomplicated surgery 	
Intra-ocular surgery		<ul style="list-style-type: none"> Depending on the gas injected in the globe, travel may be required to be delayed for 2-6 weeks Prior to travel, ophthalmologist will need to confirm fitness to fly and confirm gas used
Penetrating eye injury	<ul style="list-style-type: none"> >7 days since injury Any gas in the globe must be resorbed Confirmation with ophthalmologist prior to travel 	

Orthopedic conditions

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Arthroscopic joint surgery	<ul style="list-style-type: none"> • Able to mobilize with a walking aid • Able to sit fully upright for take-off and landing • Pain controlled 	
Full plaster cast flight >2 hours	<ul style="list-style-type: none"> • >48 hours since cast placed • Hgb >90g/L • No other injuries of significance • Able to mobilize with a walking aid • Able to sit fully upright for take-off and landing 	<ul style="list-style-type: none"> • Risk of DVT on longer flights so consideration for anticoagulation should be considered
Major hip, knee, or ankle surgery	<ul style="list-style-type: none"> • Surgery >14 days prior • Able to mobilize with a walking aid • Able to sit fully upright for take-off and landing • Pain controlled • Postoperative Hgb > 90 g/L • DVT prophylaxis is important and should be assessed if surgery was in the past 6 weeks 	<ul style="list-style-type: none"> • If DVT prophylaxis is not utilized, longer travel in the first six weeks travel should only be taken if essential
Spinal surgery	<ul style="list-style-type: none"> • Uncomplicated surgery >14 days ago • Pain controlled • Must be able to sit upright for take-off and landing • Must be able to tolerate unexpected turbulence and vibration 	<ul style="list-style-type: none"> • Attendant would be required if unable to provide self-care

Pregnancy

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Complicated pregnancy or history of preterm labour		<ul style="list-style-type: none"> • Consideration will be given on an individual basis in consultation with treating obstetrician
Miscarriage	<ul style="list-style-type: none"> • No active bleeding or pain for at least 24 hours • Hgb >90 g/L 	
Singleton pregnancy	<ul style="list-style-type: none"> • < 36 weeks gestation • Uncomplicated pregnancy • No history of preterm labour 	
Multiple pregnancy	<ul style="list-style-type: none"> • < 32 weeks gestation • Uncomplicated pregnancy • No history of preterm labour 	
Newborn	<ul style="list-style-type: none"> • Fit and healthy babies after 7 days 	

Psychological conditions

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Chronic psychiatric disorders	<ul style="list-style-type: none"> Medical condition is stable and risk of deterioration inflight is judged to be low Individual is living in the community independently No episodes of acute psychosis (mania, schizophrenia, drug induced) in the past 30 days Patient is alert and orientated x3 (person/place/time) 	<ul style="list-style-type: none"> Medication should be carried onboard Attendant should be considered if any risk of deterioration with the stress of travel Alcohol avoidance should be encouraged

Respiratory conditions

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Asthma	<ul style="list-style-type: none"> Mild asymptomatic asthma No recent hospitalizations for asthma Travel with medications on board in carry-on 	
Chest surgery (lobectomy, pleurectomy, open lung biopsy)	<ul style="list-style-type: none"> ≥11 days after surgery without complication No pneumothorax on x-ray 	
COPD, emphysema, pulmonary fibrosis, pleural effusion or hemothorax	<ul style="list-style-type: none"> O₂ sats >93% Able to walk > 50m or 2 flights of stairs with minimal symptoms No other cardiac or remarkable health issues 	<ul style="list-style-type: none"> Moderate COPD may require inflight O₂
Lung cancer	<ul style="list-style-type: none"> Asymptomatic Hgb >90g/L No large effusions on CXR 	<ul style="list-style-type: none"> Large hemoptysis, regardless of diagnosis, is contraindicated for flight
Oxygen		<ul style="list-style-type: none"> For patient whose O₂ requirement is ≤4 L/minute at rest, guidelines advise increasing the O₂ flow by 1 to 2 L/minute while in flight
Pneumonia	<ul style="list-style-type: none"> Fully resolved and symptom free 	<ul style="list-style-type: none"> Consider supplemental O₂ in cases of recent episode, elderly passengers, or longer flights
Pneumothorax	<ul style="list-style-type: none"> 14 days after full inflation confirmed by CXR 	<ul style="list-style-type: none"> Consideration may be given to those with a non-traumatic pneumothorax 7 days after inflation confirmed by CXR
Pulmonary hypertension	<ul style="list-style-type: none"> NYHA Class I Stable Medications 	<ul style="list-style-type: none"> All other classes require review by Medical Desk
Ventilators	<ul style="list-style-type: none"> Stable requiring ventilation only with air 	

Miscellaneous conditions

Diagnosis	MEDIF is not required if <u>all</u> criteria are met	Considerations
Allergies and anaphylaxis	<ul style="list-style-type: none"> • Submit MEDIF if a buffer zone is required 	<ul style="list-style-type: none"> • We are unable to guarantee an allergen-free environment as our aircraft are open to the public • Recommend travel with medications including epinephrine autoinjector (for anaphylaxis) in carry-on. Patient must be able to self-administer, or an attendant must accompany the patient.
Communicable diseases		<ul style="list-style-type: none"> • Travel during contagious stage of the illness is contraindicated
Patients treated with radionuclides or permanent brachytherapy		<ul style="list-style-type: none"> • Travel plans should be reviewed by nuclear medicine department • Individual risk assessments may be required including dose rate estimate in microSV per hour at 0.5m • All cases need documentation for security radiation detection purposes
Scuba diving	<ul style="list-style-type: none"> • >24 hours following uncomplicated scuba diving • >72 hours if multiple dives in the three days prior to travel 	<ul style="list-style-type: none"> • Decompression illness will generally require 3-7 days after treatment after consultation with treating physician
Terminal illness		<ul style="list-style-type: none"> • Individual assessment of cases must occur • Consideration must be given to mobility, lung function, bowel and urinary function, pain control • Attendant may be required

References

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NYHA: New York Heart Association NYHA Class Symptoms

I No symptoms and no limitation in ordinary physical activity, e.g. no shortness of breath when walking, climbing stairs etc.

II Mild symptoms (mild shortness of breath) and slight limitation during ordinary activity.

III Marked limitation in activity due to symptoms, even during less-than-ordinary activity, e.g. walking short distances (20-100 m). Comfortable only at rest.

IV Severe limitations. Experiences symptoms even while at rest. Mostly bedbound patients.