



Skywest Medical Clearance Guidelines

Guidelines to be referred to by medical practitioner.

These guidelines must be used in conjunction with the Skywest Airlines Medical Clearance Form (FO-XR-OD-071) AND Skywest Passengers travelling with medical conditions guidelines (FO-XR-XX)

Use this form to determine if a passenger's medical condition makes them *Unacceptable for Travel* or if *Medical Clearance required* before travel. If Medical Clearance is required before travel, the *Medical Clearance Form (FO-XR-OD-071)* must be completed by a medical practitioner (registered doctor) or a letter must be obtained from a medical practitioner. The medical practitioner's letter must contain the following minimum information:

Medical practitioner's name - Address of the medical practice - Medical practitioner's telephone number - Code and medical condition as described in these guidelines - Date of issue - Period of validity of the clearance to fly and an end date of the clearance.

Note: Any medical condition which would render a passenger unable to complete the flight safely, without requiring extraordinary medical assistance during the flight, is considered unacceptable for air travel.

This is not an exhaustive list of conditions. If a person has had recent surgery or suffers from an ailment not specified in the table below that may affect their health, they should consult a medical practitioner for travel advice and medical clearance.

Code/Medical Condition	Unacceptable for Travel	Medical Clearance Required	Comments
Day of surgery/episode = Day 1			
Category 1 Cardiovascular and Circulatory Conditions			
(1A) Heart attack (myocardial infarction)	Within 7 days	Within 8-21 days	Unacceptable for travel if supplemental oxygen is required during the clearance period
(1B) Angina	Unstable angina (angina which has recently deteriorated) or angina at rest	Not required if the condition is stable and controlled*	Supplemental oxygen should not be required to control the angina at rest *Controlled = able to walk 50 m on level ground at moderate pace without chest pain or breathlessness
(1C) Significant cardiac arrhythmia	Within 7 days	Within 8-21 days	Does not include arrhythmias considered by the treating medical practitioner to be benign
(1D) Heart failure (congestive cardiac failure)	If uncontrolled, requiring supplemental oxygen at rest or if there is significant pulmonary edema	Not required if the condition is controlled*	* Controlled = able to walk 50 m on level ground at moderate pace without chest pain or breathlessness
(1E) TIA (transient ischemic attack)	Within 2 days	Within 3-5 days, provided stable on medical treatment	
(1F) Cardiac surgery where the chest cavity has been opened	Within 7 days	Within 8-21 days and must be provided by the treating surgeon	In assessing fitness to fly, the treating surgeon must, in addition to any other assessment, view a chest x-ray to confirm there is no air in the plural or pericardial spaces
(1G) Cardiac angiography or angioplasty (with or without stent insertion)	Within 24 hours	Within 25 hours to 5 days	A heart attack within 21 days overrides these provisions. Refer (1A)

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(1H) DVT (deep vein thrombosis) or PE (pulmonary embolism). Also, significant predisposition to DVT/PE, including: • Prior history of DVT/PE • Significant family history • Concurrent medical condition (e.g. fracture, injury, blood disorder) or use of medication, which predisposes to DVT	Within 5 days	Medical clearance is always required. The certifying medical practitioner can stipulate clearance is valid for up to 24 months from date of issue, provided there has been no DVT or PE or change in preventative treatment over that time	Passengers susceptible to DVT should discuss travel with a medical practitioner before travelling
(1I) Pacemakers and internal (implanted) defibrillators		Within 72 hours of insertion or 24 hours of replacement of device	<i>Refer (1C)</i> if not controlled by the device, may also apply and overrides these provisions
Category 2 B		Food Conditions	
(2A) Significant anaemia or blood loss	Blood loss requiring transfusion within 3 days	Haemoglobin < 75 g/L or haemoglobin < 95 g/L if there is significant concurrent lung or cardiac disease	
(2B) Sickle cell disease		If a severe type, requiring supplemental oxygen during the flight	
Category 3 Res		Respiratory Conditions	
(3A) Pneumothorax (collapsed lung) occurring spontaneously or as a result of chest trauma	Within 6 days of full lung expansion	Within 14 days of full lung expansion	Lung expansion should be assessed by chest x-ray. Does not include pneumothorax resulting from open chest or cardiac surgery, where those provisions apply.
(3B) Open chest surgery (non-cardiac)	Within 13 days	Within 14-21 days	<i>Refer (1F)</i>
(3C) Chronic lung diseases (COPD, emphysema, chronic bronchitis)	Where there has been a significant deterioration within 48 hours or if there is cyanosis at rest or if oxygen saturation <55 mmHg -with supplemental oxygen	Where supplemental oxygen is required during the flight or if unable to walk 50 metres, at slow pace, without supplemental oxygen	Supplemental oxygen provisions may also apply. <i>Refer (8D)</i> and <i>Note 5</i>
(3D) Severe asthma		If "treated" (bronchodilator) medication is required more frequently than 3 hourly OR recent deterioration within 48 hours of travel	
(3E) Pneumonia	If supplemental oxygen is required		Contagious or infectious conditions provisions may also apply. <i>Refer (7A)</i>
Category 4 Nervous System		Neurological and Psychiatric Conditions	
(4A) Stroke (cerebro-vascular accident)	Within 3 days	Within 4-7 days	<i>Refer Category 1</i>
(4B) Epilepsy or Fitting	Within 2 days of seizure or fit	Within 3-14 days of seizure or fit	
(4C) Cranial surgery	Within 10 days	Within 11-21 days	Air travel should not occur if there is any residual air within the cranial cavity

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(4D) Spinal surgery, significant spinal injury or disc prolapse		Within 12 weeks of injury, surgery or onset of symptoms, provided the passenger can tolerate unavoidable turbulence in flight	Passengers are required to remain seated at all times while the seatbelt sign is illuminated
(4E) Significant psychiatric conditions	If uncontrollable or likely to deteriorate during flight, resulting in harm to crew or other passengers or if sedated to the point self-care is not possible or if condition is likely to require active medical intervention during the flight	Currently stable but where there has been a (now controlled) significant deterioration or hospitalisation within 14 days*	*The certifying medical practitioner should consider the possible stress of travel on the passenger
(4F) Head injury associated with loss of consciousness or skull fracture	Within 2 days, if there has been fitting	Within 14 days of fit	<i>Refer (4B)</i>
Category 5 Gastro intestinal Conditions			
(5A) Acute infections such as gastro-enteritis and Hepatitis A			<i>Refer (7A)</i>
(5B) Open abdominal surgery (e.g. Laparotomy, Appendectomy, Hysterectomy, Cholecystectomy, Hepatectomy, Colectomy)	Within 10 days	Within 11-14 days	Open surgery means through a full incision and not laparoscopic ("keyhole") surgery
(5C) Laparoscopic ("keyhole") surgery of the abdomen	Within 24 hours	Within 2-5 days	All other laparoscopic surgery travel permitted
(5D) Significant gastro-intestinal bleeding	Within 24 hours	Within 2-10 days, provided the bleeding has stopped and is unlikely to occur during the flight	Anaemia and blood loss may also apply and override these provisions. <i>Refer (2A)</i>
Category 6 Eye, Ear, Nose and Throat Conditions			
(6A) Penetrating eye injury, retinal detachment or hyphaema (bleeding into the front of the eye)	Within 7 days or while there is any air or gas within the eye	Within 8-21 days and must be provided by an ophthalmologist (eye surgeon)	Does not include removal of a foreign body from the surface of the cornea
(6B) Open eye surgery other than cataract surgery	Within 7 days or while there is any air or gas within the eye	Within 8-21 days and must be provided by an ophthalmologist (eye surgeon)	Includes corneal grafting but does not include removal of a foreign body from the cornea
(6C) Cataract surgery	Within 24 hours	Within 2-5 days and must be provided by the treating ophthalmologist (eye surgeon)	
(6D) Laser Eye Surgery			No restrictions
(6E) Severe Otitis Media (middle ear infection)	While the eustachian tube is blocked		
(6F) Severe paranasal sinusitis	While the sinus is obstructed		
(6G) Inner or middle ear surgery	Within 9 days	Within 10-21 days and must be provided by the treating ENT surgeon (otolaryngologist)	Includes insertion of a cochlear implant
(6H) Fractured jaw (surgically wired)	Without an escort carrying appropriate cutters	Travel is permitted without an escort or cutters if quick self-release wiring is used	

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Category 7 Contagious or Infectious Conditions			
(7A) Includes, but not limited to: Hepatitis A, Varicella ('chicken pox'), Herpes zoster ('shingles'), Gastroenteritis, Measles, Mumps, Rubella ('German measles'), Pneumonia, Meningitis, Pertussis ('whooping cough'), Tuberculosis (TB)*	When there is risk of transmission to other passengers or crew (whether as a result of active infection or possible infectious incubation)	When still showing symptoms, if the condition is no longer infectious and incubation period has passed*	*The incubation period of the particular illness should be considered <i>Refer Note 5</i>
Category 8 Other Conditions and Physiological States			
(8A) Pregnancy	If labour or a complication is likely to occur during the flight or within 48 hours of delivery or while there is active bleeding	Single pregnancy -after 36 weeks Multiple pregnancy - after 32 weeks Pregnancy with complications	Light bleeding should not stop travel
(8B) Infancy	Infants up to 48 hours old	Infants more than 48 hours old and less than 5 days old	
(8C) Radioactive isotope administration or insertion	While there continues to be emission of ionising radiation which may be hazardous to other passengers or crew		Does not include chemotherapy, externally applied radiotherapy or x-ray therapy
(8D) Supplemental oxygen required for any reason	Where there has been significant deterioration within 48 hours OR if there is cyanosis at rest OR if oxygen saturation < 55 mmHg -with supplemental oxygen	Medical clearance is always required. The certifying medical practitioner can stipulate clearance is valid for up to 6 months from date of issue. <i>Refer Note 5</i>	Other provisions may also apply depending on the condition for which oxygen is required
(8E) Miscarriage or termination of pregnancy	While there is active bleeding	Within 3 days	Light bleeding should not prevent travel
(8F) Breast surgery (including augmentation or reduction procedures)	Within 24 hours	Within 2-4 days	
(8G) Plastic surgery of the superficial soft tissues, muscles and skin			
(8H) Introduction of air or other gases to the body cavities for diagnostic or therapeutic purposes		Within 5 days	
(8I) Arthroscopic joint surgery			
(8J) Large joint replacement surgery (hip, knee, shoulder)		Within 14 days and must be provided by the treating orthopaedic surgeon	
(8K) Anaphylaxis (history of a potentially life threatening anaphylactic reaction to certain substances likely to be encountered in public places, usually food)		For passengers who believe they have this condition but are not in possession of appropriate medication for treatment, a letter or management plan from their medical practitioner	
(8L) Fractures	Within 3 days if there is an encircling cast which has not been bivalved (split twice along its entire length)		Anaemia and DVT criteria may also apply and override these provisions. <i>Refer (1H)</i>

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Code/Medical Condition	Unacceptable for Travel	Medical Clearance Required	Comments
(8M) SCUBA Diving	Within 24 hours of the last dive		Flying should be further delayed if there have been multiple dives in the 3 days before travel
(8N) Decompression sickness	Within 3 days	Within 4-7 days	Medical clearance MUST be provided by a specialist in hyperbaric medicine
(8O) Terminal or serious illness, not otherwise specified	If significant deterioration or incapacitation is likely to occur during flight OR if condition is likely to require active medical intervention during flight		Other provisions may also apply
(8P) Burns or wounds	Where the wounds are extensive and might permit seepage of blood or tissue fluid during flight		Consideration should be given to wounds on pressure sensitive surfaces such as the buttocks, feet and back