



Lifeline, Inc. dba LifeLine Pilots,
Ste. 302, Peoria Regional Airport,
6100 W. Dirksen, Peoria, IL 61607
Office Phone: 800-822-7972
Office Fax: 309-210-9800

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Physician's Release Form (Confidential)

IMPORTANT! PLEASE READ! FAA-certified LifeLine Pilots are volunteers who provide people in medical and financial distress with access to free air transportation on small, private, unpressurized aircraft for healthcare and other compelling human needs. Children under the age of 18 must be accompanied by a parent, guardian, or other authorized adult. This release must be re-submitted annually in order for the patient to qualify for on-going medical flights, and re-submitted for each invasive surgery. LifeLine Pilots' cannot accept any patient, nor schedule any mission, until this form is completed and signed by the patient's current physician.

Please return it promptly by fax to our Peoria, IL office. Thank you.

Information the physician should know before completing this form:

- There is no medical equipment or personnel on board;
- Patients must be ambulatory or mobile enough to board and disembark with little or no assistance. Boarding will require a high step of 12-20 inches. Low-wing aircraft require boarders to take several steps on the wing. Passengers have to be flexible in boarding and departing the aircraft and must be upright and seat-belted for the duration of the flight;
- Generally, the aircraft used are single or twin engine prop aircraft with 4-6 seats, and privately owned or rented by the pilot. There are no restrooms and space for movement is restricted;
- Most aircraft are not pressurized and oxygen levels vary with altitude (generally below 10,000 feet);
- Turbulence is more pronounced on a small aircraft than on a commercial aircraft;
- While the flying time is longer than on a commercial aircraft, there is little wait, thus overall travel time is generally shorter;
- Patients are often accompanied by a support person for assistance during the flight.

By signing this form, you are giving your medical consent to fly under the conditions described above. Please type or print legibly. Thank you.

Please Print

Patient Name

Physician Name

Physician Specialty

Physician's Current License No. and State

Expiration Date

Physician's Address

(_____) _____
Physician Phone

(_____) _____
Physician Fax

Physician/Office Email Address

Medical Facility the Patient will be visiting

(_____) _____
Phone number of Facility Patient will be Visiting

Address of Facility Patient will be Visiting

• In layman's terms, describe the patient's diagnosis for this flight (or series of flights):

• To the best of your knowledge, does the patient, or anyone accompanying the patient, currently have a communicable or contagious disease? ___No; ___Yes;
Explain: _____

• To the best of your knowledge, does the patient, or anyone accompanying the patient, currently have any other circumstance, medical or physical, that would preclude travel in an unpressurized aircraft? ___No; ___Yes;
Explain: _____

• Is there any other information that you feel might be helpful for the Pilot to know about this patient? (i.e. equipment, medications, oxygen, flight concerns) ___No; ___Yes
Explain: _____

• If treatment requires a series of flights, is the patient's condition expected to remain stable? ___No; ___Yes;
Explain: _____

• Is the patient able to walk and get in and out of the aircraft unassisted? (Boarding may require a high step, 12-20 inches, or several steps onto the wing of the aircraft. Passengers have to be flexible in boarding and departing the aircraft.) ___ Yes; ___ No; Explain: _____

REMINDER: There is no medical equipment or medical personnel on board, and if the patient will be bringing oxygen, the tanks must be full, portable, and medically-approved. Please realize that oxygen levels can vary in an unpressurized aircraft and may be cause for concern for certain medical conditions.

Is the patient medically stable and able to fly in a small, unpressurized aircraft? ___ Yes; ___ No;
Explain: _____

• If the patient requires assistance while in flight with medication, oxygen and/or personal medical equipment, to the best of your knowledge, is the support person/passenger trained to assist? ___ Yes; ___ No;

Comments: _____

To the best of my knowledge, the patient being considered for this flight is physically mobile, and psychologically able and willing to fly in a small, unpressurized aircraft that is not equipped for any medical emergency. This patient has a legitimate medical need to avoid lengthy surface transportation. I have carefully read and completed the above information and approve this patient for flight.

Physician's Signature

Date



Please Fax this completed form to 309-210-9800.

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