



houston
ground angels

P.O. Box 683127, Houston, Tx. 77268-3127

PATIENT MEDICAL GUIDELINES

The Patient must meet the following criteria before being referred for air transportation.

- _____ 1. Must be ambulatory.
- _____ 2. Must have a personally signed letter from the physician.
- _____ 3. Must be an outpatient. (During flight)
- _____ 4. Must not be able to afford alternate air transportation or it is not feasible.
- _____ 5. Must have a legitimate medical need to avoid lengthy surface transportation.
- _____ 6. Must be able to ride in a small, non pressurized plane that is not equipped for medical emergencies.
- _____ 7. Qualified personnel must accompany a patient requiring attention or assistance.
- _____ 8. Must have own ground transportation to and from the airport except in Houston.
- _____ 9. Must sign a waiver releasing Houston Ground Angels and volunteer pilots from liability.
- _____ 10. Does patient or passenger have a communicable disease? _____ Yes _____ No
- _____ 11. Special consideration. _____

OTHER IMPORTANT INFORMATION & CONSIDERATIONS

- 1. Patients must understand that while they may carry their own oxygen, Houston Ground Angels, volunteers are not able to provide any medical services before, during or after the flight.
- 2. All equipment and medical staff required **must be provided by the patient with a doctors approval.**
- 3. Patient must be physically fit enough to travel in a non-pressurized aircraft, without lavatory facilities, for the duration of the flight.
- 4. Baggage in excess of **50 pounds total** will not be accommodated without specific prior approval.
- 5. Pilot has the last say as to the completion of mission. This will depend on weather and any other problems that cause the pilots to feel the mission should not proceed.
- 6. Patients should have back-up transportation in the event of a last minute cancellation.

I verify that all the above information is true to the best of my ability.

Signature of Qualifying Person

Title Date

Qualifying Facility

(Area Code) Phone

Street Address

Fax#

City State Zip