



Revision: Original - May 15, 2024

Fitness to Travel Form

Please complete the following form if you have any medical conditions or special requirements that may affect your ability to travel by air. Your safety and well-being are important to us, and providing us with this information will help us ensure that your journey is comfortable and safe.

Personal Information:

Full Name: _____

Date of Birth: _____

Contact Number: _____

Email Address: _____

Medical Information:

Do you have any existing medical conditions? (Please specify):

Are you currently taking any medications? (Please specify):

Do you require any medical equipment or assistance devices during the flight? (Please specify):

Do you require supplemental oxygen during the flight? (Yes/No)

Are you traveling with an assistance animal? (Yes/No)



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Special Requirements:

Do you require specific seating arrangements due to medical reasons? (Yes/No)

Do you have any dietary restrictions or food allergies? (Please specify):

Do you have any mobility restrictions or require wheelchair assistance? (Yes/No)

Additional Information:

Are you traveling alone, or do you have a companion accompanying you? (Please specify):

Have you consulted with your healthcare provider regarding your fitness to travel by air?
(Yes/No)

Is there any other information you would like to provide regarding your fitness to travel?

Declaration:

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that it is my responsibility to inform the airline of any changes to my medical condition or special requirements before my scheduled flight.

Signature: _____

Date: _____

Please return this form to info@chronoaviation.com at least 48 hours before your scheduled departure. If you have any questions or require further assistance, please contact our customer service team. Thank you for choosing to fly with us, and we look forward to serving you on your journey.