



**Pilots for Christ**

PO Box 707, Monroeville, Alabama 36461

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251-575-9425

**PHYSICIAN'S EVALUATION OF ELIGIBILITY**

**PATIENT INFORMATION:**

Patient Name: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip : \_\_\_\_\_

Patient's medical diagnosis and reason for travel: \_\_\_\_\_

**NOTE THIS FORM MUST BE SUBMITTED TO PFC DIRECTLY FROM THE PHYSICIAN'S OFFICE**

Physician Name: \_\_\_\_\_ Physician's Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Medical reason for requested travel: Please check the box(es) that apply.

Time-Critical: Next \_\_\_\_\_ hrs.

Compassion (physically unable to travel by any other means)

Low Immunity System

Other, please explain: \_\_\_\_\_

Please Note: Pilots for Christ, Inc. is not an air ambulance service and will not be able to provide any medical attention before, during, or after the flight. We cannot accept an application if the person requires any life support equipment, incubator, etc. although wheelchair may be accepted. Please list any special equipment needed by this patient during flight (if any):  
\_\_\_\_\_  
\_\_\_\_\_

Does the patient's condition require this form to be updated? Yes \_\_\_ No \_\_\_ If so, how often? \_\_\_\_\_

To the best of my knowledge, this patient/family is eligible for charitable transportation. I am sufficiently familiar with aviation physiology to be of the opinion that this patient can travel in small aircraft at ambient pressure altitudes up to 11,000 feet above sea level, and that said patient has no need of medical assistance before, during, or after the flight.

Signed: \_\_\_\_\_ M.D./D.O. Date: \_\_\_\_\_

Print: \_\_\_\_\_

Electronic signatures are acceptable. Please complete and return by email as soon as possible so transportation can be arranged.