

# INFORMATION ABOUT FLYING WITH A CAST



Patient sticker

<p><u>Patient details</u> First initials: ..... Last name: .....  Date of birth: .....</p>
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By means of this form, the ..... (name of hospital) is providing factual information about the plaster cast worn by the patient listed above.

Medical diagnosis: .....  
.....  
.....

Date of injury/surgical procedure: .....

Type of cast:

- Splint or removable cast
- Circular cast (split)
- Circular cast (not split)

Any other information: .....

- First cast                      Date and time of when cast was applied: .....
- Change of cast                Date and time of when cast was applied: .....

Assistance required for boarding and deplaning:

- No
- Yes – Contact the airline and complete the form ‘Medical Information Sheet, Resolution 700 (MEDIF) Attachment B’.

Official hospital stamp

Please note: Always contact your airline in advance to obtain any specific guidelines that apply to flying with a cast.