INFORMATION ABOUT FLYING WITH A CAST

Patient sticker

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.