



Pilots for Christ International-Patient Forms

Phone (616) 884-6241

THESE FORMS ARE COMPLETED ONLY IF YOU ARE REQUESTING TO TRAVEL BY PRIVATE AIRCRAFT. IF YOU CAN FLY COMMERCIAL, PLEASE DO NOT COMPLETE THESE FORMS, I WILL SEND YOU OTHER FORMS.

For local flights, paperwork may be brought to the airport of departure.

EVENT CODE _____

Fax Transmittal Cover Sheet

Date: _____

Time: _____

Please deliver the following pages to:

Name: _____

Fax Number: _____

From: Pilots for Christ, International

Our Rep.: Tim Layne

890 22 Mile Rd

Sand Lake, MI 49343-9503

Fax: (616) 884-6079

Total pages including cover sheet 10

If this message is not received clearly, please inform us by phone at 616-884-6241.

Please return all completed sheets to: Fax (616) 884-6079



Pilots for Christ International-Patient Forms

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Checklist for PCI Air Transportation Services

Patient's Name: _____ Age (if minor) _____

Patient's Phone Number (Day): _____ (Night) _____

Patient's Medical Condition: _____

Nature of Need: _____

- (a) Time-Critical (b) Financially Needy [individual and family unable to provide finances for trip]
- (b) Compassion [physically unable to travel by any other means] (d) Lack of local/nearby commercial service
- (e) Low Immunity System

Travel Information:

Requested Day and/or Date of Travel: _____

Preferred Departure City: _____

Preferred Destination City: _____

Contact Name at Destination City: _____

Telephone Number of Contact at Destination City: _____

How many Passengers? (No guarantee of seat for more than 2.) _____

Will a return flight be necessary? No Yes If yes, what date? ____/____/____

Church and Pastor's Name: _____

Phone Number (Day): _____ (Night) _____

Other important information:

- 1. In an effort to be good stewards of the resources God provides Pilots for Christ, we seek to focus our services on individuals and families during their time of need, such as treatment, medical appointments, and terminally ill family members needing to return home. Also, pastor's and missionary needing travel with the United States.**
2. Patients must understand that while they may carry their own oxygen in an FAA-approved container, PCI volunteers are not able to provide any medical service before, during, or after the flight.
3. Patients please be aware that we will try to arrange ground transportation, however backup plans are necessary.
4. Passengers should be aware that baggage in excess of 40 pounds per person total may not be accommodated.
5. Patients should have back-up transportation in the event of a last minute cancellation of our flight, such as inclement weather.
6. Patients must be physically fit to travel in a non-pressurized aircraft, without access to lavatory facilities, for the duration of the flight.
7. A letter from a doctor indicating that the person can travel, and any special equipment that may be needed. We will not accept flight if the person requires any special equipment. Example: Life Support equipment, incubator, etc. Wheel chair may be accepted.
8. Is the destination city served by a commercial airline? This will help determine the cost effectiveness of this trip.
9. Trip leg length not more than 350 nautical miles. May be longer at discretion of President and Pilot in command.
10. Time-critical flights will be evaluated on a per case basis.
11. Is the person able to get into and out of the aircraft without help, or minimal help?
12. The person must require no en-route medical care or assistance.
13. We appreciate your understanding of our guidelines in order that we may more effectively serve those in need.



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Checklist for PCI Air Transportation Services

Name (please print): _____

Age: _____ Sex: Male Female Race: _____ Weight: _____ lbs.

Physician's name: _____ Physician's Phone No. _____

Does your Physician know you are making this flight? Yes No

Why are you requesting to be transported by aircraft?

When was the last time you have flown? (Date) ____/____/____ Did you experience any chest pain, shortness of breath, or any other problems? Yes No If yes, please explain:

Do you have any history of:

† Cardiovascular problems?

High blood pressure? Yes No
Angina or chest pain? Yes No
Heart attack? Yes No
Congestive heart failure? Yes No

Aneurysm? Yes No
Heart surgery? Yes No
Pacemaker? Yes No
Other? _____

† Respiratory problems?

Shortness of breath? Yes No
Asthma? Yes No
COPD? Yes No
Emphysema? Yes No

Pleurisy? Yes No
Lung cancer? Yes No
Lung abscess? Yes No
Other? _____

† Blood disease or clotting problems?

Anemia? Yes No
Leukemia? Yes No
Sickle cell anemia? Yes No

Anticoagulant therapy? Yes No
Bleeding disorders? Yes No
Other? _____

† Are you using any supplemental oxygen at home? Yes No

How long at a time? _____ How often? _____

† Do you currently have a "head cold"? Yes No

† Have you had any dental work done within the past 48 hours? Yes No

† Are you pregnant? Yes No If yes, how many weeks? _____

† List any (all) medications that you are taking that are sensitive to air travel:



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How You Can Be A Part Of This Ministry

There are many areas where volunteers are needed. If you are interested, please help us by completing this data sheet.

Name: _____

Street: _____

City, State, Zip: _____

Work phone: _____

Church: _____

I would be most interested in helping in:

- Youth Activities
 - Church Activities
 - Donations
 - Publicity
 - Missions of Mercy
 - Other (Please specify):
-



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Physician's Evaluation of Eligibility (Return to PCI)

The patient would most likely be transported in a light General Aviation aircraft, unpressurized and at altitudes of up to 8,000 feet above sea level. If you can approve this patient taking this flight, please do so on the following form and Fax it to our office as soon as possible at 616-636-5523. If you have any questions, please do not hesitate to call

Patient's Name: _____ Age: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

If patient is a minor, enter name of the parent or guardian: _____

Parent/guardian address if different from minor's

_____ Physician's

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

Patient's Diagnosis _____

Medical reason for requested air travel: (please circle all that apply)

- (a) Time-Critical
- (b) Financially Needy [individual and family unable to provide finances for trip]
- (c) Compassion [physically unable to travel by any other means]
- (d) Lack of local/nearby commercial service
- (e) Low Immunity System
- (f) Other, please explain: _____

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 8,000 feet above sea level.

Signed: _____, M.D./D.O.

Date: _____



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Pilots for Christ International Photo Release Form

_____ gives permission to Pilots for Christ International,
(Signature of Patient or Patient's Guardian)
to use any photograph(s) taken before, during, or after this mission flight for fundraising, or
informational purposes associated with the promotion of Pilots for Christ via news releases, events
and/or other printed materials and does also relinquish any rights of ownership to said photograph(s).

Date: _____

Pilots for Christ Representative: _____ Timothy R. Layne National Flight Coordinator _____

PCI requests that a photograph of each person traveling be sent via the internet or cell phone. We will not use your photo unless you provide your permission. We will however keep the photo on file for audit and review of our supported missions, by various government agencies. A separate photo release must be signed by each individual traveling through PCI, and a parent's signature is necessary for any minor children.



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(Normally, only two passengers may be transported, the patient and one caregiver, you must call if you desire additional passengers.)

Pilots for Christ International (PCI), a non-profit, volunteer public service organization and its volunteer pilot(s)

_____ (and) _____

hereby agree to provide the following passenger(s)

_____ (and) _____

with air transportation, free of charge, for the passenger's convenience in obtaining, assisting with, or returning from medical treatment or diagnosis.

In consideration for receiving this air transportation free of charge, I agree to hold harmless PCI and its volunteer pilot(s) from any and all liability, including, but not limited to, liability for negligence, for any personal injury or property damage I might suffer, and for any wrongful death action which my estate might otherwise bring arising out of such injury, while I am a passenger on the aircraft arranged by PCI and flown by its volunteer pilot(s). **As evidenced by my signature to "Pilots for Christ, International, Inc. Flight Risk Waiver Form" (See Attached)**

For Weight and balance of aircraft, weight of patient and person accompanying patient are required below.

I understand it is my sole and exclusive responsibility to purchase any or accident insurance should I desire to be insured on this flight.

I understand that the Federal Aviation Administration does not require volunteer pilots to meet the same standards as pilots who conduct commercial operations.

As evidenced by my signature below, I have read this agreement in its entirety and agree to its terms.

_____ Weight _____
Print Name (of Patient traveling)

_____ Weight _____
Print Name (of person accompanying patient)

Signature (Parent or Guardian if minor)

Signature

Date Signed

Date Signed

Street Address

Street Address

City, State, Zip

City, State, Zip

Photo Release: I understand that in order to continue to provide its free community service PCI relies upon contributions which are in part solicited through publicity. In order to contribute to their efforts, I grant PCI permission to take and use my photograph for promotion and public relations, as indicated by my initials below:

Patient (If Minor, Parent or Guardian Initials) _____

Companion Initials: _____

Pilot in Command: _____
I, (Sign) _____, certify that I meet all requirements

under Part 91, FAR, to conduct this flight to include, but not limited to: I have a current medical certificate, I meet currency requirements, and I have conducted a thorough flight plan analysis.