

8. Do you have a **problem walking** the length of a football field without assistance? YES NO

If yes, please describe the reason (e.g., lung problems, arthritis, heart problems, etc.): _____

9. Do you have a history of **open head injuries**, sinus problems or ear problems? YES NO

If yes, have you flown since the open head injury, sinus or ear problems occurred? YES NO

If yes, did you have any problems? YES NO

If yes, we **STRONGLY** advise you discuss this trip with your private physician. If you have **NEVER** flown since the open head injury, sinus or ear problems, we again **STRONGLY** advise you to discuss the trip with your private physician.

10. Do you have a **urostomy or colostomy bag**? YES NO

If yes, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this issue with your private physician.

11. Do you need an escort for mobility or medical reasons? YES NO

If yes, please describe the reason: _____

12. Have you received a diagnosis involving memory impairment? YES NO

13. Do you have a Do Not Resuscitate order? YES NO

14. I have received the COVID19 Vaccination and have enclosed a copy: YES NO

Additional Comments or Concerns: _____
