



# Pilots for Christ International-Commercial 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 6

**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-Commercial Patient Forms

Phone (616) 884-6241 Fax: (616) 884-6079

## Checklist for PCI Commercial Air Transportation Services

Church and Pastor's Name: \_\_\_\_\_

Phone Number (Day): \_\_\_\_\_ (Night) \_\_\_\_\_

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? \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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 critical time of need, such as urgent treatment and terminally ill family members needing to return home. Normally, it has been our experience that the early stages of treatments for various medical conditions are quite simply regular doctor's visits, entail no medical procedures are not in need of our urgent services. Likewise, after successful medical procedures and/or operations, there are many visits to have a short medical checkup. Our ministry is to be available to those in times of need. In order to do this, we must limit our services to be available during the time when actual urgent travel, medical procedures/treatments are being administered, or a loved one's end of life is near. Still overall we will consider any reasonable request for urgent travel.**
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 must be aware that we do not arrange ground transportation,
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. 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.
7. Is the destination city served by a commercial airline? This will help determine the cost effectiveness of this trip.
8. Is the person able to get into and out of the aircraft without help, or minimal help?
9. The person must require no en-route medical care or assistance.
10. We appreciate your understanding of our guidelines in order that we may more effectively serve those in need.



# Pilots for Christ International Commercial Patient Forms

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## Checklist for PCI Commercial Air Transportation Services

Name (please print): \_\_\_\_\_

Sex:  Male  Female

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Pilots for Christ International-Commercial Patient Forms

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Dear Doctor,

Your patient has requested assistance from Pilots for Christ International for air transportation to obtain medical treatment, which is available locally by commercial airline. In order for us to accommodate this request, we need a physician's evaluation of the patient's ability to make a flight in a commercial aircraft.

The following is pertinent information concerning the patient, and the proposed flight:

**Patients Name:** \_\_\_\_\_

**Date tentatively scheduled for the flight:** \_\_\_\_\_

**Flight is from** \_\_\_\_\_ **to** \_\_\_\_\_

**Estimated flying time:** \_\_\_\_\_ **hour(s); Layover time** \_\_\_\_\_ **hour(s)**

The patient would most likely be transported in a Commercial aircraft, pressurized and conditioned to 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) 884-6079, so we may provide funds to a ticket. If you have any questions, please do not hesitate to call.

Thank you for your help.

Sincerely,

\_\_\_\_\_  
Timothy R. Layne (National Flight Coordinator)

Pilots for Christ International

National



### Physician's Evaluation of Eligibility

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 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: \_\_\_\_\_



## Pilots for Christ International-Commercial Patient Forms

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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 publicity purposes  
associated with the promotion of Pilots for Christ via news releases 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 \_\_\_\_\_

**Pilots for Christ International Requests a Photo be  
taken of the Individual(s) traveling and sent to us  
via email. This can be accomplished by cell phone  
or camera. Thank You.  
request@pilotsforchrist.org**