

Jesus World Outreach Center, Inc. "ANGEL FLIGHT PROGRAM"
2727 Murchison Rd. Fayetteville, NC. 28301
Phone: (910) 823-4849, Fax (910) 823-9591, email: jwocnc@aol.com

Medical Approval for Air Transportation

IMPORTANT: Jesus World Outreach Center, Inc. Angel Flight Program cannot coordinate free air transportation until this form is completed, signed, scanned and emailed, faxed or mailed to the above address.

(please print)

Patient's Name: _____

Doctor's Name: _____

Doctor's phone and on-call #: _____

Doctor's fax #: _____

Facility/Agency Requesting Transportation: _____

Facility Phone Number: _____

Does the patient currently have a contagious or communicable disease? If yes, please explain.

Yes No Comments: _____

Is the patient medically stable to fly on a small General Aviation aircraft?

Yes No

Is the patient able to walk, embark, and disembark the aircraft with little or no assistance? If no, please explain.

Yes No Comments: _____

I have carefully read and completed the above information and approve this patient for a flight on a small General Aviation or commercial aircraft.

Doctor's Signature

Date