



### Mission Pre-Qualification

Patient's Name \_\_\_\_\_

Caller Name & Phone # \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

Requesting flight from \_\_\_\_\_ to \_\_\_\_\_

The patient must meet the following criteria before being accepted for air transportation:

- \_\_\_\_\_ 1. Must be ambulatory, able to enter and exit aircraft without assistance unless the patient is a child under 4 years old, and must be medically stable.
- \_\_\_\_\_ 2. Must have a legitimate medical need for services not available locally or need to avoid lengthy ground transportation.
- \_\_\_\_\_ 3. Must not be able to afford **commercial** air transportation.
- \_\_\_\_\_ 4. Must be able to ride in a small, non-pressurized airplane that is not equipped for medical emergencies.
- \_\_\_\_\_ 5. Must have ground transportation from the airport to treatment center.
- \_\_\_\_\_ 6. Must have a personally signed letter from the physician.
- \_\_\_\_\_ 7. Must sign a waiver
- \_\_\_\_\_ 8. Must agree to have only designated persons communicating with us.
- \_\_\_\_\_ 9. Our calls must be returned by 4:00 PM cst.
- \_\_\_\_\_ 10. If your baggage exceeds our limit, mission can not fly.
- \_\_\_\_\_ 11. All pilots will be thanked and upon return home be given a thank you note.

How did you hear about Wings of Compassion?

Based on information received from above named person, I certify that the patient meets the above guidelines.

\_\_\_\_\_  
Signature of Interviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position