Count the day of operation and the day of travel in calculating the number of days post incident.

Cardiovascular and other Circulatory Disorders			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
Angina	Unstable angina or angina with minimal exertion	Controlled with medication. No angina at rest.	
Myocardial infarction Post-STEMI and NSTEMI		Low risk * 3 days Medium risk ** 10 days	High risk *** Defer travel until condition is stable
Cardiac failure	Acute heart failure or uncontrolled chronic heart failure	If cardiac failure is controlled and condition is stable	Adequate control is someone that can walk 50 meters or go up a flight of stairs on room air at a normal pace without breathlessness. Otherwise, in-flight oxygen needs to be considered
Pulmonary oedema	Unresolved	Resolved pulmonary Oedema + any precipitating condition	May need also to comply with myocardial infarction rules
Cyanotic congenital heart disease	All cases		In-flight oxygen needs to be considered in all cases
Cardiac surgery	9 days or less for CABG and valve surgery. Recent transpositions, ASD, VSD, transplants etc.	≥ 10 days	ASD = atrial septal defect VSD = ventricular septal defect CABG = coronary artery bypass graph
Angiography (Heart – Coronary artery X rays)	24 hours or less	≥ 24 hours if original condition is stable	
Angioplasty with or without stent (Widening of arteries)	2 days or less	≥ 3 days if asymptomatic	
Pacemaker or defibrillator implantation		≥ 2 days if no pneumothorax and rhythm is stable	
Ablation therapy		≥ 2 days	Patient flying within a week of the procedure is considered at high risk of DVT
Deep venous Thrombosis of legs	If active	Once asymptomatic	Stable on oral anticoagulants
Pulmonary embolism	Onset 4 days or less	≥ 5 days if anticoagulation stable and PAO_2 normal on room air	

* Low risk: age <65, first event, successful reperfusion, EF >45%, no complications, no planned investigations or interventions

** Medium risk: EF >40%, no evidence of inducible ischaemia or arrhythmia, no planned investigations or interventions

*** High risk: EF<40%, signs and symptoms of heart failure, those pending investigation, revascularisation or device therapy

Note: this guideline comes from the British Cardiovascular Society guideline https://www.bcs.com/documents/BCS_FITNESS_TO_FLY_REPORT.pdf

Blood disorders			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
Anemia	Hb less than 8.5 g/dl (5.3 mmol/L) unless due to chronic disease	≥ Hb 8.5 g/dl (5.3 mmol/L)	If acutely anemic, Hb level should be assessed more than 24 hrs. after last blood loss, which must have ceased. Consider oxygen requirement.
Sickle cell disease	Sickling crisis in previous 9 days	≥ 10 days	Always need supplement of oxygen

Respiratory Disorders			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
Pneumothorax (air in the cavity around the lung due to a puncture wound or spontaneous)	6 days or less after full inflation. If general condition is adequate, early transportation with "Heimlich type" drain and a doctor or nurse escort is acceptable	7 after full inflation 14 days after inflation for traumatic pneumothorax	
Chest surgery	10 days or less	≥ 11 with uncomplicated recovery	e.g. lobectomy, pleurectomy, open lung biopsy
Pneumonia	With symptoms	Fully resolved or, if X-ray signs persist, must be symptom free	Consider supplementary oxygen especially in case of recent episode, elderly passenger and longer flights.
Tuberculosis	Untreated or non-responsive to treatment	After at least two weeks of appropriate treatment and with evidence of response to treatment	
COPD, emphysema, pulmonary fibrosis, pleural effusion (fluid in the lung cavity) and hemothorax (Blood in the cavity around the lung) etc.	Supplementary oxygen needed at ground level. PO_2 < 50mmHg Unresolved recent exacerbation	Exercise tolerance (walk) > 50 metres without dyspnea and general condition is adequate. Full recovery if recent exacerbation. No current infection.	
Pulmonary hypertension	NYHA (see below) functional classification II and III	NYHA (see below) functional classification I	NYHA (see below) functional classification IV would normally be done under an air evacuation protocol. NYHA III required supplemental oxygen
Cystic Fibrosis	FEV1 < 50% at ground level	No current infection	
Asthma		Currently asymptomatic and no infection	Remind to carry usual prn medication in carry-on luggage.
Cancer	Under active treatment (radio or chemo) Pleural effusion Dyspneic at ground level	Asymptomatic	Major hemoptysis is a contraindication
Bronchiectasis	Hypoxemic at ground level	No current infection	
Neuromuscular disease	Severe extra pulmonary restriction Need home ventilation		
Pulmonary arteriovenous malformations	If severe hypoxemic (SpO2 < 80% at ground level		
Ventilators	Seriously ill cases should only be accepted after detailed discussion with airline medical advisor	Long term stable cases requiring only ventilation with air	

CNS disorders (Central Nervous System)			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
TIA	2 days or less	After 2 days and proper investigation	
CVA (Stroke)	4 days or less	5-14 days if stable or improving, with a nurse escort. Passenger travelling in the first 2 weeks post stroke should receive supplementary oxygen	If an uncomplicated recovery has been made, a nurse escort is not required.
Grand mal fit	24 hrs or less	≥ 24 hours if generally well controlled	
Cranial surgery	9 days or less	≥ 10 days, cranium free of air and adequate general condition	
Cognitive impairment/ Dementias	History of delusional, paranoid, aggressive or disinhibited behaviours, disorientation, agitation in familiar surroundings, wondering, significant anxiety	Mild impairment, independent function and living in the community. No significant paranoia, aggressive behaviour, wondering, or agitation. No change or deterioration since recent flight.	Consider support of travel companion

Gastro-intestinal			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
GI Bleed	24 hours or less following a bleed	≥ 10 days	1-9 days can travel if endoscopic or other clear evidence (i.e. Hb has continued to rise to indicate bleeding has ceased) of healing. See also anemia.
Major abdominal surgery	9 days or less	≥ 10 days if uncomplicated recovery	e.g. bowel resection, “open” hysterectomy, renal surgery etc.
Appendectomy	4 days or less	≥ 5 days if uncomplicated recovery	
Laparoscopic surgery (Keyhole)	4 days or less	≥ 5 days if uncomplicated recovery	e.g. cholecystectomy (gall bladder removal), tubal surgery
Investigative laparoscopy	24 hours or less	≥ 24 hours if gas absorbed	

ENT disorders (Ear, Nose and Throat)			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
Otitis media and sinusitis	Acute illness or with loss of Eustachian function	If able to clear ears	
Middle ear surgery	9 days or less	≥ 10 days with medical certificate from treating ENT	Ex: Stapedectomy
Tonsillectomy	10 days or less		Although it may be ok to fly between day 3 and 6, there is a significant risk of bleeding between day 1 and 2 and between day 7 and 10
Wired jaw	Without escort	Escorted (+ cutters) or self quick release wiring	

Psychiatric illness			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
Acute psychosis	Episode within 30 days (e.g. mania, schizophrenia, drug induced)		This is for safety reason. Consider medical escort.
Chronic psychiatric disorders	If significant risk of deterioration in flight	If properly controlled by medication and stable (i.e. living out in the community taking care of all own needs including medication)	

Eyes disorders			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
Penetrating eye injury	6 days or less	≥ 7 days	Any gas in globe must be resorbed
Intra-ocular surgery	6 days or less	≥ 7 days	Any gas injected in the globe must be resorbed; for injection of SF6, a minimum of 2 weeks is required, for C2F6 and C3F8, a minimum of 6 weeks is required; written specialist fitness to fly commercially is required.
Cataract surgery	24 hours or less	≥ 24 hours	
Corneal laser surgery	24 hours or less	≥ 24 hours	

Pregnancy			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
Single, uncomplicated	Beyond end of 36th week (Calculated using the Estimated Date of Delivery – EDD)	Clearance not required before end of 36 weeks	
Multiple, uncomplicated	Beyond end of 32nd week (Calculated using the Estimated Date of Delivery – EDD)	Clearance not required before end of 32	
Complicated pregnancies	On individual basis		
Miscarriage (threatened or complete)	With active bleeding	Once stable, no bleeding and no pain for at least 24 hours	

Neonates			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
New born	Less than 48 hours old Incubator +/- ventilator cases	Fit and healthy babies can travel at 48 hrs. but preferably at 7 days	

After Radionuclide Therapy			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
Patients treated with Radioiodine I131 for thyroid cancer	All other cases require assessment including individual risk assessment including dose rate estimate in microSv per hour at 0.5m**	Flights < 2 hrs – not before 4 days post treatment Flights > 2 hrs – not before 7 days post treatment	ICRP and national discharge requirements must be met.* Travel plan should be reviewed by nuclear medicine department. Cases requiring assessment may require a patient specific dose estimate from a specialist centre Assessment to assume a distance of 0.3m and 100% occupancy factor for the flight time plus an additional 30 mins.
Patients treated with Radioiodine I131 for benign thyroid conditions	All other cases require assessment including individual risk assessment including dose rate estimate in microSv per hour at 0.5m**	Flights < 2 hrs – not before 3 days post treatment Flights > 2 hrs – not before 5 days post treatment	Same as above
Patients treated with other radionuclides or permanent brachytherapy	All other cases require assessment including individual risk assessment including dose rate estimate in microSv per hour at 0.5m**	With certification that ICRP requirements for close adult contact are met.	Same as above

* Additional local regulations may apply e.g. NRC, EURATOM, ARPANSA

** Dose equivalent rate should be calculated IAW ICAO guidelines

Cases not meeting requirements may be approved with either additional information or by mitigations:

1. isolation if available- two seats may need to be booked in this case
2. Consider seating next to informed carer or lower risk pax if dose estimate acceptable
3. Delay travel

All cases need documentation for security / radiation detection purposes.

Chemotherapy			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
Any cancer	Receiving active chemotherapy		Passengers on a chemotherapy regime can fly but not during active administration of cytotoxic medicine, especially when this involves slow release cytotoxic drugs via vascular access.

Orthopedic surgery and cast			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
Major hip, knee, or ankle surgery	If unable to mobilize with a walking aid and sit fully upright in the seat for take-off and landing		Consideration for DVT prophylaxis is very important. If no DVT prophylaxis, longer travel (>6 hrs) within the first 6 weeks should only be taken if essential.
Arthroscopic joint surgery		If able to mobilize with a walking aid and sit fully upright in the seat for take-off and landing	
Full plaster cast (flight more than 2 hrs.)	Less than 48 hours after injury if the cast is not bivalved	≥ 48hrs	Comply also with anemia rules for # femur/pelvis i.e. HB 8.5 gm/dl (5.3 mmol/L)
Spinal surgery	Within 7 days of surgery	after 7 days of surgery	Passengers must be able to sit upright for takeoff and landing. Should be able to tolerate unexpected severe turbulence and vibration associated with flight. Support braces such as a Halo brace may prevent wearing of the lifejacket in the unlikely event of an emergency.

Miscellaneous			
Diagnosis	**Assessment by a doctor with aviation medicine experience**	**Accept**	**Comments**
Communicable diseases	During contagious stage of illness		
Burns	If still shocked or with widespread infection	If medically stable and well in other respects	
Plastic surgeries			Consideration needs to be given to certain procedures, such as abdominoplasty and the thromboembolic risk , and prolonged body weight pressure on recently placed prostheses or operated sites
Terminal illness (if prognosis for the flight is poor)	Individual assessment of cases		
Decompression	Untreated and/or symptomatic cases	72 hours after the last treatment *	Consider consulting with underwater medicine specialist

* Recommendation verified with Divers Alert Network (DAN)