

INSTRUCTIONS FOR COMPLETING THE PHYSICIAN'S STATEMENT

The individual identified on the next page is requesting medical verification of his or her medical disability/special need to support an upgrade in his or her economy class air travel accommodation, including the documentation supporting that verification. The Agency will evaluate the medical evidence, using its own independent medical examiner, in order to reach a decision on the travelers' request for an upgrade to other than economy-/coach-class accommodations (business class).

The Department of Defense Education Activity may only grant the traveler's request if he or she can provide medical documentation of a valid medical disability/special need sufficient to compel the other than economy-/coach-class authorizing official that the traveler is unable to travel in economy class.

Accordingly, this form requests that you identify the medical condition or conditions of the traveler requesting a travel upgrade and supply sufficient documentation to support your diagnosis that the traveler's medical disability/special need warrants a travel upgrade to other than economy-/coach-class accommodations. Please specify the specific physical and environmental factors associated with economy class travel that requires modification through an upgrade to Other than Economy-/Coach-Class Accommodations in order to accommodate the traveler's identified medical disability/special need.

The applicant is responsible for any cost incurred in connection with providing this documentation.

Please provide the above requested medical documentation on the following "LICENSED MEDICAL PRACTITIONER'S STATEMENT." It is important that you respond to every item. If there is insufficient space for your response, please attach a continuation sheet that permits you sufficient space to provide a comprehensive answer. Please ensure that you relate the information on the continuation sheet to the specific item number on the form to which your information pertains, and identify on the form that you have attached one or more continuation sheets. If an item on the form is not applicable to the applicant's medical condition, enter "Not Applicable."

Do not use shorthand expressions, acronyms, or abbreviations for medical conditions, diagnostic tests, or procedures. Write out the full proper name of each. If applicable, the medical justification should refer to generic drug names or U.S. brand names, not local country brand names.

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Please read the Privacy Act Statement on the following page before completing the form.

LICENSED MEDICAL PRACTITIONER'S STATEMENT

Travel Upgrade Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 901-907 and 10 U.S.C. 2164, Joint Federal Travel Regulation, Volume 1, and Joint Travel Regulation, Volume 2.

Principal Purpose: The information will be used within the DoD to determine whether an employee is authorized upgraded coach class or above air travel and/or an accompanying attendant due to the employee's medical disability or special need. <http://dpclo.defense.gov/privacy/SORNS/component/osd/DODEA30.html>. Disclosure to the Agency of the information requested on the following form is voluntary; but failure to provide all requested information may result in the delay or denial of an employee's travel upgrade.

Routine uses: In addition to the disclosures within DoD generally permitted under 5 U.S.C 552a(b)(1) of the Privacy Act this record or information contained in this system may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3), and the DoD Blanket Routine Uses, described at http://dpclo.defense.gov/privacy/SORNS/blanket_routine_uses.html and the DoDEA routine uses at <http://dpclo.defense.gov/privacy/SORNS/component/osd/DoDEA30.html>.

LICENSED MEDICAL PRACTITIONER'S STATEMENT

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The following information is provided on _____
(Full name of traveler)

1. Identify the specific diagnoses of medical disability/special need or medical condition associated with Other than Economy/Coach Class Accommodations. (Do not use shorthand expressions, acronyms or abbreviations for medical conditions, or diagnostic tests or procedures. Write out the full proper name of each).

2. Specify any co-morbidities (other illnesses)?

3. For each clinical finding or diagnosis that relates to the reasons for travel upgrade, please provide specific medical documentation taken from the most recent medical evaluations used in reaching each such diagnosis or finding. Such documents may include but are not limited to: reports of findings from physical examination, laboratory tests, X-rays, EKGs and diagnostic procedures; and in the case of psychiatric diseases, the findings of mental status examinations and the results of psychological tests. (It is not necessary to attach X-rays, EKGs, or MRI pictures, etc.)

4. Assessment of current clinical status and plans for future treatment.

5. Relevant medications prescribed. Provide generic drug or U.S. brand names (not local country brand names).

6. What is the expected duration of the medical disability/special need?

7. Is the medical disability/special need permanent? Yes No

8. What is the probability that the individual will suffer injury or harm if he or she is not accommodated? Explain the medical basis for your conclusion.

9. State the age, height and weight of the traveler.

- a. Age:
- b. Height:
- c. Weight:

10. Can the traveler's medical disability/special need be accommodated by traveling in one of the following types of seating options? If the answer to any of the following options is no, please fully explain the reasons for your response and the relation to the traveler's condition.

a. Can the traveler's condition be accommodated by travel in bulkhead seating?

Yes No

b. Can the traveler's condition be accommodated by travel in aisle seating?

Yes No

c. Is the traveler able to tolerate seating in economy-class for any period of time?

Yes No

If the answer to this question is yes, please state the maximum duration.

d. Can seating in economy-class with periodic movement around the cabin accommodate the traveler's condition?

Yes No

e. Can the traveler's condition be accommodated by periodic in-flight exercises designed to minimize the physical impacts of the flight?

Yes No

f. Can the traveler's condition be accommodated by purchase of two adjoining coach seats?

Yes No

11. Does the traveler require an attendant for medical services during travel? If so, is it necessary for the attendant to be constantly with the traveler while en route?

Yes

No

If yes, explain the duties of the attendant during the time of travel.

It is essential that the contact information requested below be provided, including the physician's stamp as the independent medical examiner may need additional information and you may contact you directly.

Physician's Stamp:

Signature

Date

Telephone Number

E-mail Address