

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.

Principal Purpose: The information will be used within the DoD to determine whether an employee is authorized air travel in seating on 'other than economy/coach' accommodations and/or an accompanying attendant due to the employee's medical disability/special need. 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.

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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 conditions that are relevant to your assessment of the type of airline sitting you are recommending for this traveler. 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) that you believe are relevant to a decision about this traveler's request for an upgrade to business class seating.

3. For each clinical finding or diagnosis relevant to the traveler's need for accommodation, please rely on the most recent medical evaluations used to support each diagnosis or finding. Please reference that documentation. 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.

4. What is the expected duration of the medical disability/special need? **Please explain if it is permanent or temporary.**

5. Assessment of current clinical status and plans for future treatment as it relates to prognosis or medical treatment of conditions that are related to the need to provide an airline accommodation. **Please explain.**

6. What is the probability that the individual will suffer injury or harm if he or she is not accommodated in the way recommended. **Please explain the medical basis for your conclusion.** Please indicate, for example, if the person is likely to experience pain or some medical condition, how great or small the likelihood is, and what services are required to accommodate that condition.

7. State the age, height and weight of the traveler as it relates to a requested accommodation.
 - a. Age:
 - b. Height:
 - c. Weight:

