Air travel has certain unique features which must be considered by passengers with certain medical conditions and by their treating physician to ensure safe, comfortable and uneventful flight journey for the passenger.

1.0 The principle factors to be considered when assessing passenger's fitness for air travel are as follows:

• Reduced atmospheric pressure: Cabin air pressure changes occur after take-off and before landing and lead to gas volume expansion and gas volume contraction, respectively. This may cause pain and pressure effects in different organs and at site of surgical interventions, injuries etc.

• Reduction in oxygen tension: The aircraft cabin is pressurised to an equivalent of atmospheric pressure at 5000-8000 feet altitude and at that cabin altitude level, oxygen partial pressure is approximately 20% less than that at ground level. Healthy passengers generally will have no problems at these altitudes, but passengers suffering with anaemia, heart and lung medical conditions may be at risk and may require supplemental oxygen during the flight.

• Inaccessibility to advanced medical care: The aircraft cabin is a closed environment where access to advanced medical care may not be possible for several hours. Additionally space constraints may pose serious problems while instituting even basic medical care on-board. Emergency landing is very complex and extremely costly process and may not be always possible especially if there is possibility that safety of aircraft itself may get jeopardized.

While our cabin crew will do everything possible to provide assistance to passengers during the flight, please note that they are unable to provide passengers with any assistance for personal care needs such as feeding, elimination (excretory) functions including assistance inside the lavatory or other such similar personal care needs. Additionally, cabin crew are trained only in FIRST AID and are NOT PERMITTED to administer any injection or controlled medications from 'Medical Kit'. We do carry medical kits on-board, but advanced medical care on-board is not possible. If a passenger has a medical condition that carry a high risk of requiring extraordinary medical assistance in flight they may not be accepted for air travel.

***Disclaimer**: This document is prepared for general information and guidance purposes only. This is not a policy document. Any medical decision for 'fitness to fly' and decision regarding any other additional requirement on-board a flight will be based on these guidelines and predominantly on results of passengers present, best possible, medical assessment; if it is considered necessary for passenger's wellbeing, comfort and safety. Decision of Vistara Medical Services will be final in all such cases.*

2.0 The following medical conditions generally do not require medical clearance provided they are stable, no other medical condition or complication is present and no other special medical assistance is required but routine assistance for mobility only will be required on-board (e.g.- escort, wheelchair etc.):

- Diabetes Mellitus, Thyroid disorders without any other complications, well controlled on medicines and not associated with other medical conditions or serious issues like hospital admission in recent past.
- High blood pressure which is stable on medications or High cholesterol
- Arthritis, Joint replacement, Amputations, Artificial limbs, Age related weakness
- Portable Oxygen Concentrator(POC) and Respiratory Assist Devices (like BiPAP, CPAP etc for sleep apnoea and other conditions) provided the medical conditions it is used for, are stable and there has been no recent hospital admission, deterioration etc in the same (But do note, if intending to use POC or any other Respiratory Assist Devices or other equivalent machines on-board aircraft, do ensure that equipment is battery operated and carriage of equipment is subject to airport security checks on the day of travel and airline staff cannot interfere in the decision of airport security agency personnel, hence you are advised to carry all medical documents and technical brochure of the equipment in hand baggage, in case requested by the security personnel).

3.0 Periods of infectivity in some common infectious diseases:

Chickenpox – 5 days before rash to 6 days after last crop of rashes
Diptheria – 2-3 weeks
Measles – From onset of prodromal symptoms until 4 days after onset of rash
Mumps – 3 days before salivary gland swelling to 7 days after salivary gland swelling
Rubella – 7 days before onset of rash to 4 days after onset of rash
Scarlet fever – 10-21 days after onset of rash (Reduced to 1 day with penicillin antibiotics and to 7 days with other antibiotics)

4.0 Please note: The following is not an exhaustive list of medical conditions. In case of any clarifications please feel free to contact Vistara Medical Services at: medical.clearance@airvistara.com

For number of days post-incident - Count from the day of operation/onset of illness till the day of travel

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
Cardiovascular Conditions			
Angina	Unstable angina or angina with minimal exertion	Controlled with medication. No angina at rest	Passenger should carry sufficient medications in hand baggage for relief an angina attack
Myocardial infarction (MI)	Within last 10 days or high risk (EF<40%, Heart failure, Pending further investigations, Revascularisation	1] ≥ 10 days if uncomplicated myocardial infarction 2] In case of complicated myocardial infarction, count 10 days from the day complication was resolved.	Complications to look for, • Any cardiac failure? • Any arrhythmia? • Any post-MI angina pain? • Is the heart size larger than normal? • Any pre-attack angina?
Cardiac failure	Acute heart failure or Uncontrolled chronic heart failure	If cardiac failure is controlled and condition is stable	Adequate control means someone who can walk 50 meters or go up a flight of stairs on room air at a normal pace without developing breathlessness. Otherwise, inflight-oxygen needs to be considered to avoid serious complications due to hypoxia
Pulmonary oedema	Unresolved	Resolved pulmonary oedema and any precipitating condition should also have been resolved	May also need to comply with myocardial infarction rules if the same is associated with pulmonary oedema
Cyanotic congenital heart diseases	All cases	Accepted only if MEDA clearance obtained and Inflight oxygen is arranged for all cases, after thorough medical assessment report	
Cardiac surgery	9 days or less for CABG and valve surgery. Recent transpositions, ASD, VSD, transplants etc.	≥ 10 days if no complications and medically stable	ASD = Atrial Septal Defect VSD = Ventricular Septal Defect CABG = Coronary Artery Bypass Graft
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	
Pulmonary embolism	Within 4 days of onset	5 days or more – If anticoagulation is stable and PAO2 normal on room air	The new direct factor Xa inhibitor may be acceptable
Hypertension	Uncontrolled high blood pressure	Controlled under treatment	

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
Serious cardiac arrhythmia	Within 7 days	More than 7 days if haemodynamically stable and no other complication, precipitating cause or condition is identified, treated and is under control	Does not include benign arrhythmias
Pacemaker or Defibrillator implantation (Initial implantation / insertion)	Within 2 days	≥ 2 days if no pneumothorax and heart rhythm is stable	After initial insertion of pacemaker and once stable on pacemaker passenger may require facilitation through airport security checks / avoidance of metal detectors depending on manufacturer's specifications
Ablation therapy	Within first 2 days	≥ 2 days if no complications and asymptomatic	Passenger flying within one week of the ablation therapy procedure is considered at high risk of DVT and hence if accepted should be advised precautions for DVT or if required may be started on medical treatment for prevention of DVT
Deep Vein Thrombosis (DVT)	If active	Once asymptomatic and no complications	Should be stable on oral anticoagulants. All precautions to be advised to prevent DVT
Pulmonary embolism	Within 4 days of onset	5 days or more – If anticoagulation is stable and PAO2 normal on room air	The new direct factor Xa inhibitor may be acceptable
Hypertension	Uncontrolled high blood pressure	Controlled under treatment	
Respiratory Conditions			
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, only is acceptable	1] 7 days after full inflation 2] 14 days after full inflation for traumatic pneumothorax	• May not travel until 14 days after full lung inflation had occurred • If managed and closed • If chest drain in-situ, may travel with medical escort at any time if other injuries/conditions permit and equipment/spare drains are carried
Chest surgery	10 days or less	≥ 11 days with uncomplicated recovery	e.g. lobectomy, pleurectomy, open lung biopsy etc.
Pneumonia	Acute condition and with symptoms	Fully resolved **OR** If chest X-ray signs persist then passenger must be symptom free and in non-infective stage of the disease	
Cystic fibrosis	FEV1 < 50% at ground level	No current infection	Requirement of supplementary oxygen on board to be assessed
Tuberculosis	***Refer to infectious diseases section***		

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
COPD, emphysema, pulmonary fibrosis, pleural effusion and haemothorax	1] If unstable or poor exercise tolerance 2] Within 7 days of recent exacerbation 3] Cyanosis on the ground despite supplementary oxygen 4] Unresolved recent exacerbation	1] Exercise tolerance (walking) more than 50 meters without dyspnoea and general condition is normal 2] More than 7 days from recent exacerbation and full recovery from recent exacerbation 3] No currently active infection 4] Supplementary oxygen may be required based on pulse oximeter saturation readings	
Asthma	1] Active asthma attack 2] < 48 hours after severe asthma attack or asthma which requires hospitalization	1] Currently asymptomatic and no infection 2] more than 48 hours after severe asthma attack or asthma which requires hospitalization, if currently asymptomatic and no infection	Must be stable and carry appropriate medication on-board in hand baggage
Lung Cancer	1] Under active treatment (radiotherapy or chemotherapy) – First 24 hours after the treatment/last session 2] With pleural effusion 3] Dyspnoea at ground level 4] Major haemoptysis	1] Asymptomatic with acceptable general condition and no cyanosis or dyspnoea at ground level 2] Requirement of supplementary oxygen on-board flight needs to be assessed based on pulse oximeter readings and if required will required prior MEDA case approval to be obtained by following company MEDA process	Major haemoptysis (blood in cough/sputum) is a contraindication
Bronchiectasis	Hypoxemic at ground level	1] No current infection 2] Supplementary oxygen requirement on-board to be assessed based on pulse oximeter readings	
Neuromuscular disease	1] Severe extra pulmonary restriction 2] Need home ventilation	1] Supplementary oxygen requirement on-board to be assessed based on pulse oximeter readings 2] Medical/ nonmedical escort requirement to be assessed based on medical assessment	
Pulmonary arteriovenous malformations	If severe hypoxemic (SpO_2 < 80%) at ground level	1] If not hypoxemic at ground level 2] No other complications	Supplementary oxygen on-board will be required and should be arranged beforehand through MEDA approval process.

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
Ventilators	Seriously ill cases	1] Accepted if long term stable cases requiring only ventilation with air 2] Should only be accepted after detailed discussion with airline medical advisor	Acceptance is also subject to equipment clearance by Engineering, DGR and Security Departments
Endocrinological Conditions			
Diabetes Mellitus	1] If unstable and severe hyperglycaemia with features of ketosis 2] Hypoglycaemic attack requiring treatment or hospitalisation in the last 24 hours	1] Controlled diabetes on regular treatment. 2] Passenger must carry medication(s) on-board and administer own medications or have someone with them who can administer.	Insulin should not be stored in aircraft hold as too cold. Insulin cannot be stored in aircraft fridge
Neurological Conditions			
Epilepsy (Grand mal fit)	24 hours or less after the fit	After 2 days and with proper investigation	Must be stable on medications
TIA (Transient Ischaemic Attacks)	2 days or less	After 2 days and proper investigations	
CVA (Stroke)	4 days or less	1] 5-14 days if stable or improving, with a nurse escort 2] Passenger travelling in the first 2 weeks post stroke should always receive supplementary oxygen on-board flight	If an uncomplicated recovery has been made a nurse escort is not required
Intracranial Surgery	9 days or less	≥ 10 days, cranium/skull should be free of air and adequate general condition and no other complications	Can travel only if cranium/skull is completely free of air
Increased intracranial pressure (Raised ICP)	If clinically unstable	Travel when clinically stable and neurologically intact	Fitness report and certificate from neurosurgeon may be sought
Hydrocephalus	If clinically unstable	If clinically stable .	Fitness report and certificate from neurosurgeon may be sought
Subarachnoid / Subdural haemorrhage	Less than 10 days of haemorrhage	1] ≥ 10 days if clinically stable, asymptomatic and without any complications 2] May require medical escort depending on type of neurological deficits	Fitness report and certificate from neurosurgeon may be sought
Cerebral aneurysm coiling	Less than 3 days	≥ 3 days if uncomplicated	Escort may be needed if passenger unable to take self-care

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
Closed head injury	1] Mild concussion (headache only) – Till 2 days after injury 2] Severe concussion (headache, dizziness, memory loss, impaired concentration etc.) – delay travel until symptoms resolved and medically stable	1] Mild concussion (headache only) – Can travel after 2 days if asymptomatic and no complications 2] Severe concussion (headache and other symptoms e.g. dizziness, memory loss, impaired concentration etc.) – Once asymptomatic and no complications	Fitness report and certificate from neurosurgeon may be sought
Skull fractures	1] Depressed skull fractures will require MEDA approval and assessment by treating neurosurgeon 2] Basilar skull fractures – No flying until CSF otorrhoea, rhinorhoea has stopped and intracranial air has been reabsorbed	1] > 3 days if clinically stable and CT scan shows no intracranial bleed or air 2] If scanning unavailable, can fly > 10 days if clinically stable	
Gastrointestinal Conditions			
Gastrointestinal bleeding	24 hours or less following a bleed	≥ 10 days only if, • Bleeding should have stopped • Haemoglobin limits must be met (> 8.5 g/dl) • Risks of re-bleeding must be assessed and should be acceptable	Within 1-9 days passenger can travel if endoscopic or other clear evidence (i.e. Haemoglobin continued to rise to indicate bleeding has ceased) of healing
Major abdominal surgery	9 days or less	≥ 10 days if uncomplicated recovery	e.g. bowel resection, 'open' hysterectomy, renal surgery etc.
Appendicectomy	4 days or less	≥ 5 days if uncomplicated recovery	
Laparoscopic surgery (Keyhole surgery)	4 days or less	≥ 5 days if uncomplicated recovery	e.g. cholecystectomy (gall bladder removal), tubal surgery, hernia repair etc.
Investigative laparoscopy	24 hours or less	≥ 24 hours if gas is absorbed completely	
Colostomy	1] Less than 5 days if simple colostomy is performed and not associated with any major abdominal surgery 2] Less than 10 days if also had major abdominal surgery (i.e. bowel resection with colostomy etc.)	1] ≥ 5 days if simple uncomplicated colostomy 2] ≥ 10 days if also had major abdominal surgery (i.e. bowel resection with colostomy etc.) and currently no complications 3] Colostomy must be working, patient tolerating oral intake, no abdominal distension, no nausea/ vomiting.	• Passenger should be able to take care of the colostomy opening and colostomy bag • If passenger cannot take care of the same then passenger will need to travel with an escort who can take care of the same • Empty colostomy bag before boarding of the flight as colostomy output may slightly increase during flight

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
Vomiting, Diarrhoea	1] If actively vomiting with symptoms of dehydration 2] Profuse/bloody diarrhoea with severe dehydration	No symptoms of dehydration and treatment started	
Renal Conditions			
CAPD (Continuous Ambulatory Peritoneal Dialysis)	If clinically unstable and haemoglobin level < 8.5 g/dl, unless anaemia is due to some chronic long term illness	1] If clinically stable and haemoglobin level > 8.5 g/dl 2] Assess need for supplementary oxygen during flight	• Should travel with additional CAPD bags to cover unforeseen delays • Due to large volumes of liquid being carried, passenger will need to seek advice for airport security checks
Renal calculus	1] Acute attack of renal colic 2] Blood in urine	1] If stone has passed/been treated 2] Currently asymptomatic.	Should maintain good water intake and avoid dehydration
Blood Disorders			
Anaemia	Hb < 8.5 g/dl unless anaemia is due to some chronic long term illness	Hb > 8.5 g/dl	If acutely anaemic, Hb level should be assessed more than 24 hours after last blood loss, which must have ceased/stopped and also consider oxygen requirement by following MEDA clearance process
Sickle cell disease	Sickling crisis in previous 9 days	≥ 10 days of sickling crisis (and no recurrence of sickling crisis after that)	Always need supplement of oxygen to prevent sickling crisis on flight and hence will need to follow MEDA clearance process for on board oxygen arrangements
Bleeding disorders	If active bleeding is present	When bleeding is controlled	• Also follow rules for anaemia (acute anaemia) • Take care on-board to prevent injuries which may restart bleeding
Blood clotting disorders, Thrombophilia	Active stage	1] Stabilized on therapeutic anticoagulation for at least 24 hours or more since last episode 2] No side effects (like bleeding) of anticoagulation treatment	
Infectious Diseases			
Tuberculosis and Atypical mycobacterial infections	1] All cases with confirmed diagnosis 2] Not on treatment 3] Infective stage of the disease	Can travel if on regular medical treatment and medical investigations and documentation states that passenger is not infectious (non-infective stage of disease)	

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
Chicken pox	If active lesions present and in infectious stage of disease	Active lesions are absent, all lesions are dried and crusted and passenger is not in infectious stage	Refer '**Section 3.0'** of this document
Infectious diseases like (**but not limited to**) typhoid, colitis, dysentery, viral hepatitis, dengue, malaria, chikungunya, conjunctivitis, respiratory infections, COVID-19, different types of influenza/flu, various skin infections **etc.**	During contagious/infectious stage/period of illness	1] Must be in non-infectious stages/period 2] Stable medical condition	• For infectivity periods of some common infections refer '**Section 3.0'** of this document. • Also in some infectious diseases, especially ones which are of public health importance, any relevant local/central government, regulatory agency (whether in India or in the country from where Vistara operates the flight) instructions/circulars will also be applied and strictly complied, if applicable.
Ear, Nose and Throat (ENT) Conditions			
Otitis media and Sinusitis	Acute illness or with loss of eustachian tube function	If able to clear ears using Valsalva manoeuvre	
Middle ear surgery (Except Staped-otomy/ectomy)	9 days or less	≥ 10 days with medical certificate from ENT specialist	Absence of any complications
Cochlear implants	1] Up to 2 weeks initially only post-surgery/implantation 2] MEDA clearance is required only after initial implantation	More than 2 weeks post-surgery with certificate from treating ENT specialist and in absence of any complications and symptoms	• Carry cochlear implant identification card and letter from your audiologist/surgeon justifying carriage of extra batteries for easy facilitation through airport security. Check with manufacturer/vendor for specifications which may require facilitation through airport security • Depending on equipment specification (kindly check with your vendor/manufacturer) passenger may be need to be sure about how to use it during air travel
Stapedectomy and Stapedotomy (surgical treatment for otosclerosis)	3-6 weeks post-surgery. Till lack of symptoms, complications and when symptoms of after-effects of surgery cease to exist	Fit once after effects of surgery cease to exist and is asymptomatic with no complications	Require treating ENT specialist's medical certificate confirming lack of symptoms and complications
Epistaxis (Nose bleed)	If active bleeding or has nasal packing in place	> 24 hours if bleeding has been controlled	

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
Tonsillectomy	9 days or less	≥ 10 days with medical certificate from ENT specialist and able to clear ears with Valsalva manoeuvre	Absence of any complications
Wired jaw	If travelling alone / Without escort	Escorted and should carry wire cutters with him in hand baggage/on person **OR** Otherwise if using 'Quick Release Wiring'	• Coordinate with airline and airport security department for carriage of cutters on-board. • Do note carriage of cutters on-board will be finally subject to clearance by airport security
Nasal surgery (e.g. rhinoplasty, septoplasty etc.)	Till 10 days after surgery	≥ 10 days if uncomplicated	ENT specialist certificate along with MEDA approval may be required for earlier travel
Dental Conditions			
Dental surgical procedures (e.g. root canal, dental extractions etc.)	Till 24 hours post procedure	≥ 24 hours if no complications and symptoms controlled	Analgesics to be carried in hand baggage
Ophthalmological Conditions			
Corneal LASER and Cataract surgery	24 hours or less	≥ 24 hours if no complications	
Retinal Detachment Procedure and Other intra-ocular surgeries	1] 6 days or less if no gas is used during the surgery 2] For injection of SF6 a minimum of 2 weeks is required 3] For injection of C3F8 a minimum of 6 weeks is required	1] ≥ 7 days if no gas is used during the surgery and no other complications are present. 2] For injection of SF6 fitness can be considered more than two weeks, if no other complications 3] For injection of C3F8 fitness can be considered > 6 weeks, if no other complications	• Any gas injected in the globe/eyeball must be completely reabsorbed • Written fitness to fly certificate from eye specialist is required
Penetrating eye injury	6 days or less	≥ 7 days	Any gas in the globe/eyeball must be reabsorbed completely
Orthopaedic Conditions and Trauma			
Arthroscopic joint surgery	If NOT ABLE to mobilize with a walking aid and sit fully upright in the seat (with seatback upright and knees bent in 90 degrees) for take-off, landing and whenever seatbelt sign is 'ON'	If ABLE to mobilize with a walking aid and sit fully upright in the seat (with seatback upright and knees bent in 90 degrees) for take-off, landing and whenever seatbelt sign is 'ON'	

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
Fractures	1] < 48 hours after injury and if plaster cast is applied and if cast not bi-valved for flights **more** than 2 hours duration 2] < 24 hours after injury and if plaster cast is applied and if cast not bi-valved for flights **less** than 2 hours duration	1] Splints/Casts must be bi-valved if travelling within 48 hours of injury or surgery on the fractures. 2] Else fit to fly more than 48 hours after applying plaster cast	• Comply also with rules of fitness for anaemia for fracture femur/pelvis i.e. haemoglobin > 8.5 g/dl • Due to regulatory safety requirements aircraft aisle cannot be utilized to keep feet/lower limb if knees cannot be bent. Since aisles are supposed to be clear of any obstruction at all times.
Spinal Surgeries	First 7-8 days after surgery based on recovery and surgeon's opinion and lack of complications	1] After 7-8 days if uncomplicated, pain well controlled, mobility adequate 2] Should be able to utilise normal aircraft seat (of any class) in 'seatback upright and knees bent' position.	• If customer cannot utilise normal aircraft seat (of any class) in 'seatback upright and knees bent' position then they will need to travel as stretcher case and will need to follow MEDA clearance procedure. • Due to regulatory safety requirements aircraft aisle cannot be utilized to keep feet/lower limb if knees cannot be bent.
Joint replacement surgery (e.g. hip, knee etc), Any other orthopaedic surgeries (e.g. major hip, knee or ankle surgery or any other major surgery for bony conditions)	First 7-10 days after surgery based on recovery and surgeon's opinion and lack of complications	1] After 7-10 days if uncomplicated, pain well controlled, mobility adequate 2] Anticoagulation should be considered if flight duration is more than 8 hours and if no contraindications 3] Should be able to utilise normal aircraft seat (of any class) in 'seatback upright and knees bent' position	• If customer cannot utilise normal aircraft seat (of any class) in 'seatback upright and knees bent' position then they will need to travel as stretcher case and will need to follow MEDA clearance procedure for stretcher case approval • Due to regulatory safety requirements aircraft aisle cannot be utilized to keep feet/lower limb if knees cannot be bent.
Pregnancy			
Single uncomplicated pregnancy	After 36 weeks and above	29-36 weeks (Till 35 weeks and 6 days) – 'Fitness to fly' certificate from gynaecologist only is required for acceptance on flight and there should be absence of any complications	MEDA clearance not required unless complicated, but medical certificate needed after 28 weeks
Multiple uncomplicated pregnancy	After 32 weeks and above	29-32 weeks (Till 31 weeks and 6 days) – 'Fitness to fly' certificate from obstetrician only is required for acceptance on flight and there should be absence of any complications	MEDA clearance not required before 32 weeks unless complicated, but medical certificate needed after 28 weeks

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
Single/Multiple complicated pregnancy	After 32 weeks and above	29-32 weeks (Till 31 weeks and 6 days) – MEDA case approval to be obtained from Vistara Medical Services. Minimum MBBS qualified doctor as escort is a mandatory requirement.	Assessment will be done on basis of merits of individual case
Abortion / Miscarriage (Threatened or Complete)	With active bleeding	Once stable, no bleeding and no pain for at least 24 hours	Certificate from treating gynaecologist may be required
Post childbirth – Normal vaginal delivery	If complications are present	1] Preferably after 7 days of delivery if no complications are present 2] Can also undertake flight from 2nd day till 7th day after vaginal delivery if no complications and 'Fit to fly' certificate for mother and baby is present 3] Travel in first 48 hours after childbirth - ***PLEASE REFER TO SECTION ON NEONATES (NEWBORN)***	These guidelines applies only to mother. If traveling with baby (neonate) then additionally guidelines for neonate (new born) will also need to be followed
Post childbirth – Caesarean section (LSCS), any other surgical delivery procedure	Post-surgery till 9 days, at least. This duration may be longer if hospital stay of mother is extended due to surgical/postsurgical complications.	≥ 10 days with uncomplicated recovery and only if gynaecologist's has issued fitness certificate and no post-surgery complications are present.	These guidelines applies only to mother. If traveling with baby (neonate) then additionally guidelines for neonate (new born) will also need to be followed.
Neonates			
New born	1] Less than 48 hours (Can be accepted only post MEDA clearance process followed and approval had been obtained) 2] Incubator and or ventilator cases	1] After 7 days of birth 2] Fit and healthy babies can travel after 48 hours with paediatrician's fitness certificate, but preferably to travel 7 days after birth 3] Travel in first 48 hours after birth will require MEDA approval by company doctor, paediatrician's fitness certificate and minimum MBBS qualified doctor as an escort.	• Fit and healthy babies can travel after 48 hours, but preferably to travel after 7 days after birth

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
Psychiatric Conditions			
Acute psychosis	If unstable	1] Within 14 days of unstable episode or hospitalisation. 2] Has not suffered from any psychiatric condition which required hospitalization or sedative medical treatment in last 14 days before the flight	• Must be stable and appropriately escorted • Escort may range from correctional officers, friends/relatives, to medically trained personnel with appropriate medications • Full psychiatric report may be required • Treating doctor's fitness to fly certificate required which should have been issued not more than 48 hours before the flight. • If suffered from any psychiatric condition which required hospitalization or sedative medical treatment in last 14 days before the flight passenger can be accepted only after MEDA case approval process
Chronic psychiatric disorders (e.g. dementia, mood and anxiety disorders, neurosis, schizophrenia, etc.)	1] If significant risk of deterioration inflight 2] History of delusional, paranoid, aggressive or disinhibited behaviours, disorientation, agitation in familiar surroundings, wondering, significant anxiety	1] If properly controlled by medication and stable (i.e. living out in community, Mild impairment, independent function, taking care of all own needs including medication) Travel may be approved with suitable medical escort/carer, based on the results of medical assessment. Must have the ability to understand and follow safety instructions and be able to assist in their own evacuation in cases of emergency 2] Has not suffered from any psychiatric condition which required hospitalization or sedative medical treatment in last 14 days before the flight 3] No significant paranoia, aggressive behaviour, wondering or agitation. 4] No change or deterioration since recent/last flight (if applicable)	• Full psychiatric report may be required • If required - Treating doctor's 'fitness to fly' certificate may be required which should have been issued not more than 48 hours before the flight • If suffered from any psychiatric condition which required hospitalization or sedative medical treatment in last 14 days before the flight passenger can be accepted only after MEDA case approval process

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
After Radionuclide Therapy			
Patients treated with Radioiodine 'I-131' for thyroid cancer	1] Flights < 2 hrs – not before 4 days post treatment. 2] Flights > 2 hrs – not before 7 days post treatment.	1] Flights < 2 hrs – 4 or more than 4 days post treatment. 2] Flights > 2 hrs – 7 or more than 7 days post treatment.	• ICRP and national discharge requirements must be met. This is required to minimise radiation dose to other individuals who may come in close contact with the patient or sit next to the patient. • Travel plan should be reviewed by nuclear medicine department, if required. • Assessment to assume a distance of 0.3m and 100% occupancy factor (for the flight) for the complete flight time plus an additional 30 mins. • 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 passenger if dose estimates are acceptable 3. Delay travel. • All cases need documentation for security/radiation detection purposes.
Patients treated with Radioiodine 'I-131' for benign (non-cancerous / non-malignant) thyroid conditions	1] Flights < 2 hrs – not before 3 days post treatment. 2] Flights > 2 hrs – not before 5 days post treatment.	1] Flights < 2 hrs – 3 or more than 3 days post treatment. 2] Flights > 2 hrs – 5 or more than 5 days post treatment.	
Patients treated with other radionuclides or permanent brachytherapy	All other cases require assessment including individual risk assessment including dose rate estimate in micro Sv per hour at 0.3m distance from the individual.	With certification that ICRP requirements for close adult contact are met.	
Miscellaneous Conditions			
Burns	If still in 'shock' or with widespread infection or burns greater than 20% total BSA	1] If medically stable and well in other aspects 2] No foul smelling infectious discharge from burn wounds	
Severe allergies or anaphylaxis (Does not apply to mild allergic conditions)	During acute phase of allergies and when medically unstable	Once acute phase is over and is medically stable	• Passenger should carry appropriate medications (adrenalin auto-injector, anti-allergic medications etc.) and be able to self-administer them or should travel with an escort who can administer the same • Vistara does not provide peanut-free meals or can cater for specific meal requests based on specific food or other allergy advise • Vistara cannot guarantee specific allergen free environment in aircraft cabin

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
Cancer (Malignancy)	1] Under active treatment (radiotherapy or chemotherapy) – First 24 hours after completion of the treatment session/s 2] With pleural effusion 3] Dyspnoea/ breathlessness on ground level 4] Major haemoptysis 5] Fresh bout of major blood loss in vomit and/or in urine and/or in stools	1] Asymptomatic with acceptable general condition and no cyanosis or dyspnoea at ground level 2] Requirement of supplementary oxygen on-board flight needs to be assessed based on pulse oximeter readings and if required will required prior MEDA case approval to be obtained by following company MEDA process	• Major haemoptysis (blood in cough/sputum) is a contraindication • Major bout of blood loss in vomit and/or in urine and/or in stools is a contraindication
Terminal illnesses (If the prognosis for the flight is poor)	Individual assessment of cases will decide on fitness to fly	Decision will be made based on individual case assessment.	
Medical Equipment – • Portable Oxygen Concentrator (POC) • Respiratory Assist devices like, o C-PAP Machine o Bi-PAP Machine • Infusion Pump • Nebulisers • Suction Machine • Pulse Oximeter • Any Other Nonspecific Medical Equipment – can be decided on case to case basis by Medical Services.	Medical equipment is not accepted onboard if, • Any medical equipment with spillable battery as it will not conform to relevant DGR regulations • Any medical equipment which is known to emit radiation, toxic fumes, emit radio waves which may interfere with aircraft communication and navigational systems. • Personal oxygen cylinders which belong to customers, will not be allowed inside the aircraft cabin due to regulatory safety and security regulations and hence not acceptable on-board.	• In case of POCs - Only Federal Aviation Administration (FAA) approved models of POCs are acceptable on-board. FAA approval can be checked on FAA website or by checking the technical brochure of the equipment. It may also be written/engraved on the label of the equipment itself. • Any medical equipment to be used on board aircraft should be battery operated. Battery should be non-spillable type and should conform to relevant Dangerous Goods Regulations. • For any battery operated medical equipment, customer is responsible to carry extra spare batteries to cover entire flight duration, ground time and also any unanticipated flight delays/diversions. There is no charging facility on-board Vistara aircrafts. • Any medical equipment is subject to airport security agency check and security clearance, which is not under control of the airline.	• For POCs and Respiratory Assist Devices or for other medical equipment, prior medical clearance generally is not required. It will be customers responsibility to ensure that POC is FAA approved model and same should be proved at the time of check-in and provided it is also cleared in airport security checks on the day of travel. • Any medical equipment carried on board should not emit radiation, toxic fumes, radio waves which may interfere with aircraft communication and navigational systems. Operating captain may request to switch off the medical equipment if it causes interference with aircraft navigational instrument and radio communications. • That the passenger should have the physical and cognitive ability to see, hear and understand the device, and is able without assistance, to operate this device. Cabin crew are not trained to handle/use these medical equipment.

Diagnosis	*Not fit to fly* OR Assessed on case-to-case basis	Accepted	Remarks
Scuba diving (Only) (No decompression sickness symptoms after diving)	1] 24 hours and less of diving – which does not require decompression stops at end of diving 2] 48 hours or less of diving – which does require decompression stops at end of diving	1] More than 24 hours of diving – For dive which does not require decompression stops at end of diving 2] More than 48 hours of diving – For dive which does require decompression stops at end of diving	
Decompression sickness	1] Less than 3 days for bends only 2] Less than 7 days for neurological symptoms	1] 3 days after treatment for bends only, if asymptomatic and general condition stable 2] 7 days after treatment for neurological symptoms if asymptomatic and general condition stable	Opinion and certificate from treating physician of hyperbaric medicine unit may be required

… End .....

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