



*Pilots & Volunteers lending a hand.*

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**TO ALL THOSE REQUESTING OUR SERVICES:**

CAIR FLIGHT INC. is a Volunteer Pilot Organization, whose mission is to coordinate "Charitable Airlift Meeting Medical & Humanitarian Needs." We link volunteer pilots willing to fly on your behalf, to meet your transportation needs in a safe and timely manner. CAIR FLIGHT is a unique form of community service, made possible through the generosity of our pilots, who donate their time, skills, and cost of aircraft operation from their own pockets! There is never a charge to those requesting our service.

While we would like to assist everyone who asks, because we are volunteers and resource dependent, *there can be no guarantee of service*. Recognizing our pilot's expenses may easily exceed \$100 per hour, we ask those that are able to purchase commercial travel to make those plans before contacting us. However, when public conveyance is unavailable, unaffordable, or medically prohibited, we welcome your inquiry.

We will do our best to meet your schedule as closely as possible. Please allow at least one week for us to arrange a mission. Remember that safety is paramount and if our pilot decides the mission cannot be completed due to weather or other flight considerations, it may be advisable that you have a backup travel plan.

If you are traveling for a specific appointment, be sure to provide that information. We will ask for your doctor's name, phone number, and FAX number when you call, so please have that information handy. We will be asking your physician to sign a *Medical Release Form*. This validates that you are able to be transported in a private aircraft that does not operate at altitudes requiring pressurization.

Please contact our office at **(813) 864-4860** to speak with a Mission Coordinator to review the specifics for a mission. Preliminary inquiries may also be submitted via email to [marcia@cairflight.org](mailto:marcia@cairflight.org).

We look forward to assisting you.

Yours very truly,

Rick Wachstein  
Chairman

*Charitable Airlift Meeting Medical & Humanitarian Needs*



# Mission Intake Form

**Patients:** please have these names and numbers handy when speaking to our Mission Coordinator

**Social Workers:** please complete as much information as possible and FAX to CAIR Flight

**CAIR FLIGHT, Inc.**  
6582 Eureka Springs Rd, Ste. 125 B  
Tampa, FL 33610

**Fax: 813-864-4739**  
**marcia@cairflight.org**

Date: \_\_\_\_\_ Person calling: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us or who referred you to us? \_\_\_\_\_

## ■ Passenger Information

Name: \_\_\_\_\_ Sex:  Female  Male Race: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**Phone #'s:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Best place to leave a message? \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of person to call in an emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## ■ Passenger Health Information

**Referring Physician's** name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facility** name: \_\_\_\_\_ FAX #: \_\_\_\_\_

**Destination Physician's** name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Facility** name: \_\_\_\_\_ FAX #: \_\_\_\_\_

Patient's medical condition/diagnosis: \_\_\_\_\_

Crutches  Walker (folding)  Oxygen  Other: \_\_\_\_\_  Wheelchair (must be shipped)

## ■ Mission Information

Originating City & Airport: \_\_\_\_\_ Destination City & Airport: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_

Departure date/time: \_\_\_\_\_ Return date/time: \_\_\_\_\_

Passenger Name: \_\_\_\_\_ Age: \_\_\_\_ Weight: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Total Baggage weight: \_\_\_\_\_ (not to exceed 40 lbs. in a soft-sided bags)

**NOTE: Passengers are responsible for their own ground transportation. All passengers must sign a Liability Waiver. Flight delays are possible due to weather or aircraft; carry cash for meal(s) should there be a delay.**