



PART 1 To be completed by SALES OFFICE/AGENT	M E D I F STANDARD MEDICAL INFORMATION FORM FOR AIR TRAVEL Answer ALL questions - Put a cross (x) in "YES" or "NO" boxes Use BLOCK LETTERS or TYPEWRITER when completing this form.
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A	NAME / INITIALS / TITLE	
B	PROPOSED ITINERARY (Airline(s), Flight Number(s), class(es), date(s), segment(s), reservation status of continuous air journey)	Transfer from one flight to another often requires LONGER connecting time.

C	NATURE OF INCAPACITATION	MEDICAL CLEARANCE REQUIRED No <input type="checkbox"/> Yes <input type="checkbox"/>
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D	IS STRETCHER NEEDED ON BOARD ? (all stretcher cases MUST be escorted)	No <input type="checkbox"/> Yes <input type="checkbox"/>	Request rate of known
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E	INTENDED ESCORT (Name, sex, age, professional qualification, segments if different from passenger). If untrained, state "TRAVEL COMPANION"	For blind and/or deaf, state if escorted by trained dog.
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F	WHEELCHAIR NEEDED ? No <input type="checkbox"/> Categories are Yes <input type="checkbox"/> WCHR WCHS WCHC Wheelchair Category <input style="width: 50px;" type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">OWN Wheelchair</th> <th style="width:25%;">Collapsible</th> <th style="width:25%;">Power drive ?</th> <th style="width:25%;">Battery Type (spillable ?)</th> </tr> <tr> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> <td>Yes <input type="checkbox"/></td> </tr> </table>	OWN Wheelchair	Collapsible	Power drive ?	Battery Type (spillable ?)	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger aircraft only under certain condi- tions, which can be obtained from the airline(s). In addition, certain countries may impose specific restrictions.
OWN Wheelchair	Collapsible	Power drive ?	Battery Type (spillable ?)												
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>												
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>												

G	AMBULANCE NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/>	To be arranged by AIRLINE No <input type="checkbox"/> specify Ambulance Company contact: Yes <input type="checkbox"/> specify destination address:	Request rate(s) if unknown.
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H	OTHER GROUND ARRANGEMENTS NEEDED No <input type="checkbox"/> If yes, SPECIFY below and indicate for each item: (a) the ARRANGING airline or other organisation, (b) at whose EXPENSE, and (c) CONTACT addresses/phones where appropriate, or Yes <input type="checkbox"/> whenever specific persons are designated to meet/assist the passenger.
1	Arrangements for delivery at airport of DEPARTURE No <input type="checkbox"/> Yes <input type="checkbox"/> specify <input style="width: 100px;" type="text"/>
2	Arrangements for assistance at CONNECTING POINTS No <input type="checkbox"/> Yes <input type="checkbox"/> specify <input style="width: 100px;" type="text"/>
3	Arrangements for meeting at airport of ARRIVAL No <input type="checkbox"/> Yes <input type="checkbox"/> specify <input style="width: 100px;" type="text"/>
4	Other requirements or relevant information No <input type="checkbox"/> Yes <input type="checkbox"/> specify <input style="width: 100px;" type="text"/>

K	SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as special meals, special seating, leg-rest, extra seat(s) special equipment etc. No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, DESCRIBE and indicate for each item: (a) SEGMENT(s) on which required, (b) airline-ARRANGED or arranging third party, and (c) at whose expense. - Provision of SPECIAL EQUIPMENT, such as oxygen etc., always requires completion of Part 2 overleaf.
	(See "note" at the end of PART 2 overleaf)

L	DOES PASSENGER HOLD A "FREQUENT TRAVELLERS MEDICAL CARD" VALID FOR THIS TRIP? (FREMEC). No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, add below FREMEC data on your reservation requests. If no (or if additional data needed by carrying airline(s)), have physician in attendance complete PART 2 overleaf.																								
	<table style="width:100%;"> <tr> <td style="width:15%;"><input style="width: 80px;" type="text"/></td> <td style="width:15%;"><input style="width: 80px;" type="text"/></td> <td style="width:15%;"><input style="width: 80px;" type="text"/></td> <td style="width:15%;"><input style="width: 80px;" type="text"/></td> <td style="width:15%;"><input style="width: 80px;" type="text"/></td> <td style="width:15%;"><input style="width: 80px;" type="text"/></td> </tr> <tr> <td style="text-align: center;">(FREMEC number)</td> <td style="text-align: center;">(issued by)</td> <td style="text-align: center;">(valid until)</td> <td style="text-align: center;">(sex)</td> <td style="text-align: center;">(age)</td> <td style="text-align: center;">(incapacitation)</td> </tr> <tr> <td colspan="3"><input style="width: 100%; border: none;" type="text"/></td> <td colspan="3"><input style="width: 100%; border: none;" type="text"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">(incapacit. - cont'd)</td> <td colspan="3" style="text-align: center;">(Limitations)</td> </tr> </table>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	(FREMEC number)	(issued by)	(valid until)	(sex)	(age)	(incapacitation)	<input style="width: 100%; border: none;" type="text"/>			<input style="width: 100%; border: none;" type="text"/>			(incapacit. - cont'd)			(Limitations)		
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PASSENGER'S DECLARATION (where needed, to be read by/to the passenger, date and signed by him/her or on his/her behalf.	I HEREBY AUTHORIZE _____ : (name of nominated physician) to provide the airlines with the information required by those airlines medical departments for the purpose of determining my fitness for carriage by air and in consideration thereof, I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information and agree to meet such physician's fees in connection therewith. I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs. I am prepared, at my own risk, to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage.
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Place:	Date:	Passenger's signature:
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Part 2	MEDIF - MEDICAL INFORMATION SHEET	(for official use only)
To be completed by ATTENDING PHYSICIAN	<p>This form is intended to provide CONFIDENTIAL information, to enable the airlines MEDICAL Department to assess the fitness of the passenger to travel as indicated in PART 1 hereof. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort.</p> <p>The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS. (Enter a cross "x" in the appropriate "yes" or "no" boxes, and /or give precise concise answers).</p> <p>COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.</p>	This form must be returned to: <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;"></div> (Carriers designated office)
Airlines' Ref. Code MEDA01	PATIENT'S NAME, INITIAL(S), SEX, AGE	
MEDA03	ATTENDING PHYSICIAN - Name & address - Telephone contact	
	Business	Home
MEDA04	- MEDICAL DATA - DIAGNOSIS in detail (including vital signs) - Day/Month/Year of first symptoms	
		Date of diagnosis
MEDA04	- PROGNOSIS for the trip	
MEDA05	- Contagious AND communicable disease ! No <input type="checkbox"/> Yes <input type="checkbox"/> Specify	
MEDA06	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers ? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify	
MEDA07	Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required ? No <input type="checkbox"/> Yes <input type="checkbox"/>	
MEDA08	Can patient take care of his own needs on board UNASSISTED * (including meals, visit to toilet, etc..) ? No <input type="checkbox"/> Yes <input type="checkbox"/>	If not, type of help needed: <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
MEDA09	If to be ESCORTED, is the arrangement proposed in PART 1/E hereof satisfactory for you ? No <input type="checkbox"/> Yes <input type="checkbox"/>	
	If not, type of escort proposed by you: <div style="border: 1px solid black; width: 100%; height: 20px;"></div> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
MEDA10	Does patient need OXYGEN ** equipment in flight ? (If yes, state rate of flow) No <input type="checkbox"/> Yes <input type="checkbox"/>	Litres per minute <input type="text"/> Continuous Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDA11	(a) on the GROUND while at the airport(s): Does patient need any MEDICATION* other than self administered, and/or the use of special apparatus such as respirator, incubator, etc. ** ? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify	
MEDA12	(b) on board the AIRCRAFT No <input type="checkbox"/> Yes <input type="checkbox"/> Specify	
MEDA13	(a) during long layover or nightstop at CONNECTING POINTS en route Does patient need HOSPITALISATION ! (If yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN" No <input type="checkbox"/> Yes <input type="checkbox"/> Specify	
MEDA14	(b) upon arrival at DESTINATION No <input type="checkbox"/> Yes <input type="checkbox"/> Specify	
MEDA15	Other remarks or information in the interest of your patient's smooth and comfortable transportation: None <input type="checkbox"/> Specify if any **	
MEDA16	Other arrangements made by the attending physician	
<p>NOTE (**): Cabin attendants are NOT authorized to give special assistance to particular passengers, to the detriment of their service to other passengers. - Additionally, they are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or to give medication.</p> <p>IMPORTANT : FEES, IF ANY RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR THE CARRIER-PROVIDED SPECIAL EQUIPMENT (**) ARE TO BE PAID BY THE PASSENGER CONCERNED.</p>		
Date:	Place:	Attending Physician's signature