

**STANDARD MEDICAL INFORMATION FOR AIR TRAVEL (MEDIF)**

**HANDLING ADVICE INCAPACITATED/INVALID PASSENGER (WHO NEEDS MEDICAL CLEARANCE)  
TO BE COMPLETED BY ATTENDING PHYSICIAN (SEE NEXT PAGE FOR INSTRUCTION)**

THIS FORMS INTENDED TO PROVIDE CONFIDENTIAL INFORMATION, TO ENABLE THE ELAL PHYSICIANS TO ASSESS THE FITNESS OF THE PASSENGER TO TRAVEL BY AIR

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.

THE PHYSICIAN ATTENDING THE INCAPACITATED PASSENGER IS REQUESTED TO ANSWER ALL QUESTIONS.

(Enter a cross in the appropriate "Yes" "No" boxes)

**RESERVATION NUMBER (PNR):**

|                  |  |                                   |                                      |  |   |
|------------------|--|-----------------------------------|--------------------------------------|--|---|
| <b>MEDA A</b>    | Patient name: _____  |                                   | Sex: _____                           | Age: _____   | Tel: _____  |
| <b>MEDA B</b>    | Routing Flight no. LY _____  | Class _____                       | Date _____                           | From _____   | To _____  |
|                  | Flight no. LY _____  | Class _____                       | Date _____                           | From _____   | To _____  |
| <b>MEDA 02</b>   | Name, address ATTENDING PHYSICIAN _____  |                                   | Tel. Business: _____                 | Tel. Home: _____   |   |
| <b>MEDA 02 X</b> | 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. |                                   |                                      |  |   |
| <b>MEDA 03</b>   | MEDICAL DATA: Diagnosis (details including vital signs) _____  |                                   |                                      | Day/month/year of first symptoms _____ date of diagnosis/operation _____ |   |
|                  |  |                                   |                                      |  |   |
| <b>MEDA 04</b>   | PROGNOSIS for the trip _____   |                                   |                                      |  |   |
| <b>MEDA 05</b>   | CONTAGIOUS and communicable disease passengers?  |                                   |                                      |  | NO <input type="checkbox"/> YES <input type="checkbox"/>                  |
| <b>MEDA 06</b>   | Is passenger OFFENSIVE to other passengers?  |                                   |                                      |  | NO <input type="checkbox"/> YES <input type="checkbox"/>                  |
| <b>MEDA 07</b>   | Can patient use normal aircraft seat with seatback placed in the UPRIGHT position?   |                                   |                                      |  | NO <input type="checkbox"/> YES <input type="checkbox"/>                  |
| <b>MEDA 08</b>   | Can patient take care of his own needs on board UNASSISTED _____   |                                   |                                      |  | NO <input type="checkbox"/> YES <input type="checkbox"/>                  |
|                  | (Including meals, visit toilet, etc)? If not type of help needed. _____  |                                   |                                      |  |   |
| <b>MEDA 08x</b>  | Required assistance (see over leaf for explanation) _____  |                                   | WCHR <input type="checkbox"/>        | WCHS <input type="checkbox"/>  | WCHS/OWN <input type="checkbox"/>   |
|                  | WCHC <input type="checkbox"/>  | WCHC/OWN <input type="checkbox"/> | WCOB <input type="checkbox"/>        | STRETCHER <input type="checkbox"/>                                       | INCUBATOR <input type="checkbox"/>  |
| <b>MEDA 09</b>   | Shall passenger be ESCORTED? _____   |                                   |                                      |  |   |
|                  | If yes, type of escort proposed by you: physician, other qualified person, _____   |                                   |                                      |  | NO <input type="checkbox"/> YES <input type="checkbox"/>                  |
| <b>MEDA 10</b>   | or travel companion (name & qualification) _____   |                                   |                                      |  |   |
|                  | Does patient need OXYGEN during flight? _____  |                                   |                                      |  | NO <input type="checkbox"/> YES <input type="checkbox"/>                  |
| <b>MEDA 11</b>   | Rate of flow: 2 or 4 Liter/min _____   |                                   |                                      |  | Intermittent <input type="checkbox"/> Continuous <input type="checkbox"/> |
|                  | Does patient need MEDICATION, other than self administered, and/or the use of special _____  |                                   |                                      |  | NO <input type="checkbox"/> YES <input type="checkbox"/>                  |
| <b>MEDA 12</b>   | Apparatus such as respirator, incubator, etc. On ground while at the airport. Specify _____  |                                   |                                      |  |   |
|                  | On board the aircraft. Specify _____   |                                   |                                      |  |   |
| <b>MEDA 13</b>   | Does patient need HOSPITALIZATION upon arrival at DESTINATION? _____   |                                   |                                      |  | NO <input type="checkbox"/> YES <input type="checkbox"/>                  |
|                  | (please indicate if any arrangements made) _____   |                                   |                                      |  |   |
| <b>MEDA 14</b>   | During long layover or night stop AT CONNECTION POINTS enroute Action _____  |                                   |                                      |  | NO <input type="checkbox"/> YES <input type="checkbox"/>                  |
| <b>MEDA 15</b>   | Other remarks or information in the interest of your patient's _____   |                                   |                                      |  |   |
|                  | smooth and comfortable transportation specify if any _____   |                                   |                                      |  | None <input type="checkbox"/>   |
| <b>MEDA 16</b>   | Having read the guiding principles on the reverse side of this sheet, it is my opinion that this patient is medically _____  |                                   |                                      |  |   |
|                  | fit to undertake the above journey by air. _____   |                                   |                                      |  |   |
| <b>MEDA 17</b>   | Date _____   | Place _____                       | Attending Physicians Signature _____ |  |   |
|                  | Comments by ELAL physician : _____   |                                   | Acceptable _____                     | Not Acceptable _____   |   |
| <b>MEDA 17</b>   | ELAL PHYSICIAN'S NAME _____  |                                   | Signature _____                      | Place _____  | Date _____  |
|                  | if Advice given by phone, received by: _____   |                                   | Signature _____                      | Date _____   |   |

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**HANDLING ADVICE – INCAPACITATED/INVALID PASSENGERS FORM**  
**INFORMATION TO THE PHYSICIAN**

The following factors are of prime importance in considering recommendation of transport of sick or invalid persons by civil transport aircraft:

1. The air pressure within the pressurized cabin will be to the equivalent of an altitude of 2000-2600 meters (6000-8000ft) with consequent expansion of any gas within body cavities and reduction of elevator oxygen pressure.
2. All EL AL aircraft carry a supply of oxygen for use in cases of emergency. For passengers requiring a regular EXTRA supply of oxygen during flight, EL AL will make available oxygen bottles supplying 2 or 4 liters/minute. There is charge for this EXTRA oxygen.
3. Technical limitations of space and comfort.
4. The passenger en route must provide any medicine or equipment for treatment if not otherwise agreed with EL AL.
5. Cabin attendants are trained in first aid only, and are not expected to give particular attention to invalids to the detriment of other passengers. As a rule cabin attendants are not allowed to give injections.

**THE INTERNATIONAL AIR TRANSPORT ASSOCIATION (IATA) MEDICAL COMMITTEE**

Recommends these GUIDING PRINCIPLES when deciding whether or not a person is physically and emotionally fit to travel by air.

Although each case will be considered on its own merits, the following conditions are generally considered unacceptable for air travel.

- a. Very severe and critical HEART CONDITIONS, such as: the severe decompensated cardiac patient or the patient who has sustained a recent coronary occlusion with myocardial infraction. Such cases are not normally eligible within six weeks of the onset of the infraction.
- b. Those patients with ENTRAPPED GAS such as a recent pneumothorax or one who has had air introduced into the nervous system recently for ventriculography.
- c. PSYCHOTIC patient requiring heavy sedation or resistant unless attended and special arrangements made. (Some airlines will not accept Psychotic passengers under any circumstances).
- d. Severe cases of OTITIS media with blockage of the Eustachian tube.
- e. Acute CONTAGIOUS OR COMMUNICABLE DISEASE.
- f. PREGNANCY AND NEWBORN BABY – expectant mothers are not normally regarded as incapacitated passengers. If the expectant mother is in normal health and with no pregnancy complications, she shall normally be accepted without medical clearance. However, MEDICAL CLEARANCE will be required, if:
  - Confinement may be expected in less 4 weeks
  - There is uncertainty of progress of pregnancy or time of confinement, that There were previous multiple births, or complications in delivery may be expected. Such clearance should be issued within 7 days prior to commencement of travel.
  - Air travel is not recommended for:
    - Expectant mothers within the last month prior to confinement and within the first seven days after delivery.
    - Newborn babies within the first 7 days after birth.
  - PREMATURE BABIES will be considered as medical cases and medical clearance for air transport must be obtained.
- g. Persons with contagious or repulsive SKIN CONDITIONS.
- h. Recent cases of POLIOMYELITIS unless one month has elapsed since the onset of the disease.
  - Bulbar cases of poliomyelitis at any time unless special arrangements are made with the airline.
- i. Persons with large mediastinal TUMORS, extremely large unsupported HERNIAS, INTESTINAL OBSTRUCTION, CRANIAL DISEASES involving Increased pressure, FRACTURE OF THE SKULL and those with recent FRACTURE OF THE MANDIBLE with permanent wiring of the jaw.
- j. FRACTURES for at least 48 hours after a plaster cast was applied (watch for evidence of circulatory disturbances).
- k. Recent SURGICAL CASES with insufficient time for wound healing.
- L. INCONTINENCE, unless special arrangements are made.
- m. Specific consideration should be given to EPILEPTICS: psychologically induced hyperventilation may lead to a seizure.

**In any case of doubt, the medical advisors of EL AL at head office or the company's local designated medical officer are at your service for discussion and advice.**

**MEDA 08X REQUIRED ASSISTANCE AND HANDLING**

**WCHR** Ambulant but handicapped in walking. Needs assistance in terminal to/from gate. Needs wheelchair similar when passengers are boarded/deplaned by (R for Ramp) walking over ramp. Does not need assistance in a rump bus, on passenger's steps and in aircraft to/from seat and with meals.

**WCHS** Ambulant but more severely handicapped in walking. Can not use a ramp bus and needs assistance in boarding/deplaning e.g. on passenger steps.

(S for Steps) does not need assistance in the aircraft cabin to/from seat, toilets and with meals.

**WCHS/OWN** as above – accompanied by own wheelchair. Add/BD battery-driven wheelchair.

**WCHC** non-ambulant. Needs assistance to/from the aircraft.

**WCOB** - Assistance in the aircraft cabin to/from seat and toilets.

**WCHC/OWN** as above – accompanied by own wheelchair. Add/BD battery-driven wheelchair.

**STRETCHER** must travel on a stretcher and must be escorted.

**INCUBATOR** - must travel in an Incubator and must be escorted.

**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.

Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airline(s). In addition, certain countries may impose specific restrictions.

**IMPORTANT: FEES IF ANY RELEVANT TO THE PROVISION OF THE OVER LEAF INFORMATION AND FOR CARRIER PROVIDED SPECIAL EQUIPMENT IS TO BE PAID BY THE PASSENGER CONCERNED**