

Dear Doctor

Airline travel has some unique features that must be considered by passengers, so please note the following information.

- ※ Key features that must be considered
- a. Reducing the amount of oxygen: The ambient partial pressure of oxygen in flight is 25~30% lower than on the ground. If a passenger has heart/lung disease or anemia, supplemental oxygen may be required during flight.
 - e.g. A passenger travelling within the first 2 weeks of having a stroke or having a Hgb level that is less then 9.5g/dl, should receive supplementary oxygen.
- b. Reduced atmospheric pressure: Cabin air pressure changed greatly during takeoff and before landing and gas expansion and and contraction can cause pain and pressure effects.
 - e.g. Allow for 10 days after major abdominal surgery and 7 days after full inflation of pneumothorax(14 days after inflation for traumatic pneumothorax).
- c. Turbulence: Spinal disease may be worsened by sudden turbulence and from the impact of landing.
 - e.g. If a patient cannot sit in a normal seat for consecutive hours but can sit upright during take-off and landing, please use prestige class.If this patient cannot sit upright, please use stretcher.
- d. Absence of advanced medical care: Cabin attendents must not provide special assistance to particular passengers if the assistance is in any way harmful to or disregards service to other passengers. Additionally, they are trained only in first aid and are not permitted to adminster any injection, or to give medication.
- e. Deep vein thrombosis: A passenger who has a history of cancer and trauma, is elderly or has recently had surgery may be at risk of deep vein thorombosis because of sitting immobilized in a cramped seat with low humidity. So, please consider anti-thrombotic prophylaxis.
- For further information, please refer to the IATA Medical Manual.



MEDIF_Medical Information Form

1	Patient	Name		Age	Gender M / F Heigh	nt(cm)	Weight(kg)		
2	Purpose o	Purpose of air travel							
	☐ For medical (operation, treatment, etc.) ☐ For travel (sightseeing, etc.) ☐ Others								
※	Fill in the cl	hief complain	t and curr	ent symptom	s in detail.				
3	Diagnosis								
	a. Chief complaint			Onset :					
	b. Current	symptoms							
	c. Treatme	nt							
	d. Recent s	surgery	☐ Yes	□ No					
		The name of op	eration			When:			
		Complications	☐ Yes	□ No	If yes, in detail				
	e. Recent h	nospitalization	□ Yes	□ No					
		When:	D	ischarge date :	Reaso	on :			
	f. Contagio	us	☐ Yes	□ No					
4	Vital signs	(BP-PR-RR-E	ВТ)						
	Mental Sta	itus	a. \square Alei	t 🗆 Drowsy	☐ Stupor ☐ Semi-co	ma 🗆 Coma			
5	Underlying	g disease	☐ Yes	□ No	If yes, in detail				
	Is his/her un	derlying disease	controlled	well?	☐ Yes ☐ No				
6	Seat								
	a. Able to wa	alk alone			☐ Yes ☐ No				
	b. Wheelchair required			\square Yes (\square On board \square in flight) \square No need					
	c. Type of seat required			\square Economy class \square Prestige class \square Stretcher					
	* Economy: If the patient can sit in a normal seat for several hours and can sit upright during take-off and landing.						ke-off and landing.		
	* Prestige: If the patient cannot sit in a normal seat for hours but can sit upright during take-off and landing.								
	* Stretcher: If the patient cannot sit upright.								
7	Medical Es	scort							
	a. Does the	a. Does the patient need to be accompanied? \square Yes(\square Doctor \square Nurse \square Family \square OTR $___$) \square N							
	b. Is the esc	b. Is the escort fully capable of attending to all of the needs stated above? \Box Yes \Box No							
8	Medication	Medication (☐ Yes , ☐ No)							
	a. If yes,				\square Orally \square IV or IM	☐ Other			
	b. Medication list :								
	c. Will the patient take any of the medications(noted above) during flight?								



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9	Medical equipment during flight (☐ Yes , ☐ No)						
	□ IV line □ Fo	oley catheter	☐ Nasogastric tube	☐ Oxymeter			
	☐ Ventilator (Mode, RR, FiC	02)		☐ BP monitor			
	☐ Suction kit ☐ Tr	acheostomy	☐ Intubation	☐ Chest tube			
	☐ Infusion pump ☐ Ne	ebulizer	☐ Splint/Cast	☐ Other			
	 and a stretcher. * For ventilator use, please Please refer to the ventilat * Any necessary supply of example of exam	nedical equipment necessary during flight should be prepared on the passenger's side, other than oxygen a stretcher. ventilator use, please confirm that its connector type matches the Korean Air medical oxygen bottle. se refer to the ventilator model type at the Korean Air reservation center. necessary supply of electricity should be battery powered. uid should be prepared in plastic bag type and requires medical staff accompaniment.					
10	Oxygen needed in flight	(□ Yes,□ No)					
	a. Oxygen needed on ground	d □ Yes □ No					
	b. Oxygen type in flight	☐ Korean Air Med	dical oxygen	orepared by passenger)			
	c. Oxygen flow rate	Dxygen flow rateL/min					
	d. Mask type	☐ Nasal cannula	☐ Facial mask ☐ Bag va	alve mask			
	e. ABGA or O2 Saturation						
	Blood gases were taken on Room air OxygenL/min						
	f. Anemia						
	* If Hgb is less than 9.5g/dl, in-flight oxygen is advised.						
11	Cardiac disease (☐ Yes , ☐ No)						
	a. When was the last episod	When was the last episode?					
	b. Stable condition		☐ Yes ☐ No	☐ Yes ☐ No			
	c. Is this patient controlled w	ith medication?	☐ Yes ☐ No	□ Yes □ No			
	d. Functional class (NYHA cl	lass)	☐ Class I ☐ Class	II □ Class III □ Class IV			
	e. Complications		☐ Yes ☐ No				
			If yes, in detail				
	f. Last EKG When	R	esult				
		n					
	h. Angioplasty / Coronary by	•					
12	Cerebral Vascular Accident (Ischemic Stroke, Cerebral Hemorrhage / ☐ Yes, ☐No)						
	a. Recent recurrence, deterio	oration	☐ Yes ☐ No				
	b. Brain CT/MRI			When Result			
	c. Motor power grade (R/L)		Upper extremity /	•			
	* Passenger travelling within the first 2 weeks of having a stroke is recommended to receive supplementary oxygen						



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13 Respirato	ry disease (\Box	Yes , □ No)					
a. Has the	a. Has the patient's condition deteriorated recently?							
b. Can the p	b. Can the patient walk 50meters at a normal pace or climb 10–12 stairs without any symptoms? ☐ Yes ☐ No							
c. Chest tes	st result (X-ray, C	T etc.)	W	nen	_ Result			
14 Trauma (□ Yes , □ No)						
a. The reas	on	☐ Motor veh	icle accident	Fall down	☐ Burn ☐ Other			
b. Traumati	b. Traumatic brain injury ☐ Yes ☐ No If yes, give details							
c. Brain CT	c. Brain CT/MRI When Result							
d. Internal o	organ injury		☐ Yes ☐ No	If yes, g	give details			
e. Thoracic	Orthopedic injur	y(fracture)	☐ Yes ☐ N	o If yes	, give details			
15 Psychiatr	ic disorder (🗆]Yes, □ No)					
a. Is there a	a possibility that t	he patient will b	ecome agitated	during fligh	t?	☐ Yes ☐ No		
b. Is there a	b. Is there a possibility of injury to oneself or another? ☐ Yes ☐ No							
c. Is the pat	c. Is the patient controlled with medication?							
16 Epilepsy	disorder (Seiz	ure) (🗆 Yes	, □ No)					
a. Seizure t	ype							
b. Frequenc	cy/Duration							
c. When wa	as the last seizure	e?						
d. Is the par	tient controlled w	ith medication?		Yes □ No	0			
17 Cancer (□ Yes , □ No)						
a. Location,	Stage							
b. Chemoth	erapy or Radioth	erapy		Yes □ No	If yes, when?			
c. Metastas	is			Yes □ No	If yew, where?			
d. Pain con	d. Pain control							
18 DNAR(Do	Not Attemp	t Resuscitat	ion) (🗌 Yes	, □ No)				
If yes, plea	ase attach the o	confirmation le	etter.					
19 Based or	n the above c	onsideratio	ns, indicate t	he progn	osis for the trip			
☐ FIT TO	TRAVEL 🗆 N	NOT FIT TO T	RAVEL If no,	the reasor	<u> </u>			
Other opin	Other opinion (Special precautions for travel)							
medical docto	r . We might c	ontact the att	ending physic	ian for furt	Ith status by a Korea her information, in no I sections are clearly	eeded.		
Physician	Name		Hospital		Specialist			
	C.P		E-mail					
	Signature				Date			