

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 than 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 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 attendants 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 administer 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 thrombosis 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	Height(cm)	Weight(kg)
2	Purpose of air travel				
	<input type="checkbox"/> For medical (operation, treatment, etc.) <input type="checkbox"/> For travel (sightseeing, etc.) <input type="checkbox"/> Others _____				
* Fill in the chief complaint and current symptoms in detail.					
3	Diagnosis				

	a. Chief complaint	_____			Onset : _____
	b. Current symptoms	_____			

	c. Treatment	_____			
	d. Recent surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	The name of operation	_____		When : _____	
	Complications	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, in detail _____	
	e. Recent hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	When :	Discharge date :		Reason : _____	
	f. Contagious	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Vital signs (BP-PR-RR-BT) _____				
	Mental Status	a. <input type="checkbox"/> Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Stupor <input type="checkbox"/> Semi-coma <input type="checkbox"/> Coma			
5	Underlying disease		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, in detail _____
	Is his/her underlying disease controlled well?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
6	Seat				
	a. Able to walk alone	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	b. Wheelchair required	<input type="checkbox"/> Yes (<input type="checkbox"/> On board <input type="checkbox"/> in flight)			<input type="checkbox"/> No need
	c. Type of seat required	<input type="checkbox"/> Economy class <input type="checkbox"/> Prestige class <input type="checkbox"/> Stretcher			
	* Economy: If the patient can sit in a normal seat for several hours and can sit upright during take-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 Escort				
	a. Does the patient need to be accompanied?	<input type="checkbox"/> Yes (<input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Family <input type="checkbox"/> OTR _____)			<input type="checkbox"/> No
	b. Is the escort fully capable of attending to all of the needs stated above?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8	Medication (<input type="checkbox"/> Yes , <input type="checkbox"/> No)				
	a. If yes,	<input type="checkbox"/> Orally <input type="checkbox"/> IV or IM <input type="checkbox"/> Other _____			
	b. Medication list :	_____			
	c. Will the patient take any of the medications(noted above) during flight?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

MEDIF _Medical Information Form

9 Medical equipment during flight (Yes , No)

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> IV line | <input type="checkbox"/> Foley catheter | <input type="checkbox"/> Nasogastric tube | <input type="checkbox"/> Oxymeter |
| <input type="checkbox"/> Ventilator (Mode, RR, FiO2) _____ | | | <input type="checkbox"/> BP monitor |
| <input type="checkbox"/> Suction kit | <input type="checkbox"/> Tracheostomy | <input type="checkbox"/> Intubation | <input type="checkbox"/> Chest tube |
| <input type="checkbox"/> Infusion pump | <input type="checkbox"/> Nebulizer | <input type="checkbox"/> Splint/Cast | <input type="checkbox"/> Other _____ |

- * All medical equipment necessary during flight should be prepared on the passenger's side, other than oxygen and a stretcher.
- * For ventilator use, please confirm that its connector type matches the Korean Air medical oxygen bottle. Please refer to the ventilator model type at the Korean Air reservation center.
- * Any necessary supply of electricity should be battery powered.
- * IV fluid should be prepared in plastic bag type and requires medical staff accompaniment.

10 Oxygen needed in flight (Yes , No)

- a. Oxygen needed on ground Yes No
- b. Oxygen type in flight Korean Air Medical oxygen POC(prepared by passenger)
- c. Oxygen flow rate _____ L/min Continuous Intermittent Prepare
- d. Mask type Nasal cannula Facial mask Bag valve mask
- e. ABGA or O2 Saturation When _____ Result : PCo2 _____ PO2 _____ Sat _____
 Blood gases were taken on Room air Oxygen _____ L/min
- f. Anemia Yes No Hgb _____ g/dl

* If Hgb is less than 9.5g/dl, in-flight oxygen is advised.

11 Cardiac disease (Yes , No)

- a. When was the last episode? _____
- b. Stable condition Yes No
- c. Is this patient controlled with medication? Yes No
- d. Functional class (NYHA class) Class I Class II Class III Class IV
- e. Complications Yes No
 If yes, in detail _____
- f. Last EKG When _____ Result _____
- g. Echocardiogram When _____ Result _____ EF _____ %
- h. Angioplasty / Coronary bypass When _____ Result _____

12 Cerebral Vascular Accident (Ischemic Stroke, Cerebral Hemorrhage / Yes, No)

- a. Recent recurrence, deterioration Yes No
- b. Brain CT/MRI When _____ Result _____
- c. Motor power grade (R/L) Upper extremity / Lower extremity /

* Passenger travelling within the first 2 weeks of having a stroke is recommended to receive supplementary oxygen.

MEDIF_Medical Information Form

13 Respiratory disease (<input type="checkbox"/> Yes , <input type="checkbox"/> No)	
a. Has the patient's condition deteriorated recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Can the patient walk 50meters at a normal pace or climb 10–12 stairs without any symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Chest test result (X-ray, CT etc.)	When _____ Result _____
14 Trauma (<input type="checkbox"/> Yes , <input type="checkbox"/> No)	
a. The reason	<input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Fall down <input type="checkbox"/> Burn <input type="checkbox"/> Other _____
b. Traumatic brain injury	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details _____
c. Brain CT/MRI	When _____ Result _____
d. Internal organ injury	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details _____
e. Thoracic/Orthopedic injury(fracture)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details _____
15 Psychiatric disorder (<input type="checkbox"/> Yes , <input type="checkbox"/> No)	
a. Is there a possibility that the patient will become agitated during flight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is there a possibility of injury to oneself or another?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is the patient controlled with medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16 Epilepsy disorder (Seizure) (<input type="checkbox"/> Yes , <input type="checkbox"/> No)	
a. Seizure type	_____
b. Frequency/Duration	_____
c. When was the last seizure?	_____
d. Is the patient controlled with medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17 Cancer (<input type="checkbox"/> Yes , <input type="checkbox"/> No)	
a. Location, Stage	_____
b. Chemotherapy or Radiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____
c. Metastasis	<input type="checkbox"/> Yes <input type="checkbox"/> No If yew, where? _____
d. Pain control	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how? _____
18 DNAR(Do Not Attempt Resuscitation) (<input type="checkbox"/> Yes , <input type="checkbox"/> No)	
If yes, please attach the confirmation letter.	
19 Based on the above considerations, indicate the prognosis for the trip	
<input type="checkbox"/> FIT TO TRAVEL <input type="checkbox"/> NOT FIT TO TRAVEL If no, the reason _____	
Other opinion (Special precautions for travel) _____	

This MEDIF form is used to evaluate the patient passenger's health status by a Korean Air aviation medical doctor . We might contact the attending physician for further information, in needed. So, please write down where we can reach you. Please ensure all sections are clearly and fully completed.

Physician	Name _____	Hospital _____	Specialist _____
	C.P _____	E-mail _____	
	Signature _____	Date _____	