



MEDIF

STANDARD MEDICAL
INFORMATION FORM FOR AIR TRAVEL

1a

PART
To be completed by SALES OFFICE / AGENT

Answer ALL questions. Mark the respective boxes with a cross (X) on the "YES" or "NO" boxes. Please use BLOCK LETTERS or TYPEWRITER when completing this form.

A	NAME (Initials and title)				AGE
B	PROPOSED ITINERARY	From	To	Date	PNR (Reservation code)
C	SALES OFFICE OR AGENCY				Phone #
D	WHEELCHAIR NEEDED?	YES <input type="checkbox"/>	CAN WALK OR CLIMB STEPS?	YES <input type="checkbox"/>	Wheelchairs with spillable batteries are "restricted articles" and are permitted on passenger flights under special conditions established by carriers. Some countries impose special conditions as well.
		NO <input type="checkbox"/>		NO <input type="checkbox"/>	
E	INTENDED ESCORT (name, sex, age, professional qualification. Segments, if different from passenger's. If untrained state "TRAVEL COMPANION"-				For blind and/or deaf, state if escorted by trained dog.
F	PASSENGER IS RESPONSIBLE FOR ENGAGING TRANSFER SERVICES FOR BOARDING/DEPLANING, TO/FROM AMBULANCE AND TO/FROM SEAT.	Specify Ambulance Company name: _____			
		Specify Ambulance Company contact phone #: _____			
		Specify destination address: _____			
G	OTHER GROUND ARRANGEMENTS NEEDED?	YES <input type="checkbox"/>	If yes, SPECIFY below and indicate for each item(a) the arranging airline or other organization, (b) at whose expenses and, (c) contact address/phone, where appropriate of specific persons/ organizations designated to meet/assist the passenger.		
		NO <input type="checkbox"/>			
	1 Arrangements for delivery at airport of DEPARTURE?	YES <input type="checkbox"/>	Specify	<input type="text"/>	
		NO <input type="checkbox"/>			
	2 Arrangements for assistance at CONNECTING POINTS?	YES <input type="checkbox"/>	Specify	<input type="text"/>	
	NO <input type="checkbox"/>				
3 Arrangements for assistance at AIRPORT OF ARRIVAL?	YES <input type="checkbox"/>	Specify	<input type="text"/>		
	NO <input type="checkbox"/>				
4 Other requirements or relevant information?	YES <input type="checkbox"/>	Specify	<input type="text"/>		
	NO <input type="checkbox"/>				
	Does passenger hold a "Frequent traveler's medical card" (FREMEC) valid for this trip?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
H	SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED Such as special meals, special seating, leg rest, extra seat(s), special equipment, etc. (See "note" at the end of part 2 overleaf)	YES <input type="checkbox"/>	Specify	<input type="text"/>	
		NO <input type="checkbox"/>			

PASSENGER'S DECLARATION

I hereby authorize Dr. _____ (name of designated 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 I am accepted for carriage, my journey will be subject to the general conditions of carriage/ fares of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions / fares. 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.

I hereby accept that the carrier may deny my boarding if my condition is inconsistent with the data provided or if my carriage might endanger other passengers, the flight operation or my own health.

Important Note:

Unadvised No Show by a passenger on a stretcher on a flight reserved will be penalized with 100% of the ticket fare paid. (Where needed, to be read by / to passenger, dated and signed by him / her or on his / her behalf).

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PLACE	DATE	PASSENGER'S SIGNATURE	CONTACT PHONE#

DURING FLIGHT, THIS FORM MUST BE HANDED OVER TO CABIN CREW

**STANDARD MEDICAL
INFORMATION FORM FOR AIR TRAVEL**
(For official use only)

2a PART
To be completed by ATTENDING PHYSICIAN

This form is intended to provide confidential information to enable the airline's Medical Department to assess the fitness of the passenger to travel as indicated. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's need and comfort. The incapacitated passenger's ATTENDING PHYSICIAN is requested to answer all questions. Enter a cross (X) in the appropriate "yes" or "no" boxes, and / or give precise answers.

PLEASE RETURN THIS FORM TO THE RESERVATIONS DEPARTMENT NO LATER THAN 24 HOURS PRIOR TO DEPARTURE

(Carrier's Designated Office)

Airlines's Ref Code	NAME (Initials and title)	
MEDA 01	SEX	AGE
MEDA 02	ATTENDING PHYSICIAN'S NAME	
	ID N°	SPECIALTY
	ADDRESS	
	HOME CONTACT PHONE #	Other Phone #
MEDA 03	MEDICAL DATA - DIAGNOSIS IN DETAILS - Day/month/year of first symptoms	Date of diagnosis
MEDA 04	PROGNOSIS FOR THE TRIP FIT <input type="checkbox"/> NOT FIT <input type="checkbox"/>	If Unfit, specify the need for passenger's air carriage, under attending physician or relatives' responsibility.
MEDA 05	Contagious and communicable disease? YES <input type="checkbox"/> NO <input type="checkbox"/>	Specify
	Date of onset _____	
MEDA 06	Does patient present any special characteristics regarding:	Visit to toilet YES <input type="checkbox"/> NO <input type="checkbox"/> Behavioral YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
MEDA 07	Can patient use normal aircraft seat with seatback placed in the upright position when so required? STRETCHER NEEDED? YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
MEDA 08	Can patient take care of his own needs unassisted to: Eat YES <input type="checkbox"/> NO <input type="checkbox"/> Visits to toilet YES <input type="checkbox"/> NO <input type="checkbox"/> Other YES <input type="checkbox"/> NO <input type="checkbox"/>	Specify
MEDA 09	If to be escorted, please specify the type of escort you medically recommend. (*) Physically and mentally fit to take care of his own needs in the cabin and assist another passenger in an emergency situation or provide assistance (toilet, meals).	Any adult physically and psychologically (*) fit <input type="checkbox"/> Health care professional (physician or other) <input type="checkbox"/> Specify _____ Other. <input type="checkbox"/> Specify _____
MEDA 10	Does the patient need OXYGEN equipment in flight? If yes, state rate of flow. YES <input type="checkbox"/> NO <input type="checkbox"/>	Liters/min _____ Can oxygen supply be interrupted if necessary? YES <input type="checkbox"/> NO <input type="checkbox"/>
MEDA 11	Please provide a full list of medication prescribed to patient	(a) On the GROUND while at the airport(s) YES <input type="checkbox"/> NO <input type="checkbox"/> Specify _____
MEDA 12	Passenger is exclusively responsible for all medication prescribed.	(b) On BOARD the aircraft YES <input type="checkbox"/> NO <input type="checkbox"/> Specify _____
MEDA 13	Does patient need hospitalization? If yes, indicate arrangements made or, if none were made, indicate "No action taken".	(a) During long layover or night stop at connecting points in route YES <input type="checkbox"/> NO <input type="checkbox"/> Action _____
MEDA 14	Please attach a certificate of the health care center where patient is to be admitted.	(b) Upon arrival at destination YES <input type="checkbox"/> NO <input type="checkbox"/> Action _____
MEDA 15	If incubator needed, specify make and model:	
WHEELCHAIR NEEDED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CAN PATIENT BEND HIS KNEES? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CAN PATIENT BEND HIS HIPS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Please specify whether the condition this form refers to will presumably remain unchanged during the next 3-month period. YES <input type="checkbox"/> NO <input type="checkbox"/>		
IMPORTANT:		
1.- Incubators must comply with carrier's standard regulations and be certified for use on board aircraft by DGAC, FAA, CE Agency or similar.		
2.- An ambulance is always required for passengers on stretcher or incubator, ambulance services will be requested and paid by passenger. No show by passenger on stretcher or incubator (without notice of hours) shall result in non-applicability of refund requests by passenger.		
3.- Oxygen cylinders are provided by LAN only (dry oxygen). Oxygen service is provided just on board, oxygen dependent passenger must ensure oxygen supply on destination.		
4.- The portable oxygen concentrator (POC) should be provided by the passenger and the model must be approved by the aeronautic legislation.		
5.- LAN does not provide elements for physiological use.		
6.- The carrier is entitled to condition carriage and/or deny boarding to passenger if based on background made available through this form there might be some kind of risk to other passengers, the passenger's own health, and also in those cases in which this form fails to adequately describe the patient's health condition upon boarding.		
Terms and conditions in www.lan.com (Travel Information section)		
The undersigned physician, Dr. _____ hereby declare that the patient is fit to fly, subject to the precautions stated above, at no risk for his health as a direct consequence of this trip. In addition, the undersigned hereby declares to be acquainted with the special considerations applicable to air carriage, some of which are set forth in the annex here to.		
OBSERVATIONS OR RECOMMENDATIONS BY AIRLINE:		
DATE	PLACE	ATTENDING PHYSICIAN'S SIGNATURE