MEDIF No: 148449



# Application for the carriage of an Incapacitated passenger.

(Sitting Case/ Wheelchair/ Stretcher/Incubator/Ventilator/Oxygen)

## All questions must be answered in full.

Use BLOCK letters or a typewriter when completing this form.

Use a cross (X) in "Yes" or "No" boxes to indicate appropriate preference.

Information on page 3 is to be completed by patient's attending (nominated) physician.

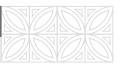
MEDA approvals are for Qatar Airways operated flights only.

Notes for the guidance of a medical practitioner are on page 4 & 5 Cabin attendants are not authorised 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 injections, or to give medication.

On Completion, this form should be returned to any Qatar Airways Sales Offices\*. A minimum of 48 hours is required to complete MEDA formalities.

Fees if any, relevant to the provision of the above information and for carrier-provided special equipment is to be paid by the passenger concerned.







To be completed	l by Authorised Agent o	r QR Sales Offic	e Staff										
_	Family Name/Initials Title			Nationality	Lang	guages	Contact Telephone No.						
A													
	Date	Flight No.	From	To	)	Class	Reservat	ion Status	Booking R	eference (PNR)			
В													
									Note: Transfer from one flight to another often requires LONGER				
									connecting time.				
	Nature of Incapacitati	on / Illnoss											
C	Nature of incapacitati												
Intended Escort Details								Stretcher Needed?					
	Name Age								Yes No				
		All stretcher cases must be escorted											
D	Additional Languages								Incubator Needed?				
	Medical Qualification	: Doctor \( \square\)	/Iedical Tea	ım 🗀 1	Nurse 🗆				Yes No				
	If unqualified (family of					anion":			Type?				
	PNR of the Escort		, p	Note:	r				-7 F				
	Are there any special i	n-flight arrange	ements rea										
E	Are there any special in-flight arrangements required?  Special meals, special seating, extra seat(s), wheelchairs, equipment etc. Provision of special equipment for oxygen etc. Please complete Part 2. If you have your own wheelchair, please Specify: details (is it manual or power driven, collapsible, incollapsible,												
	battery type: spillable	. have your own / Non-spillable).	wheelchair	, please S	Specify:	details (is it i	manual or p	oower drive	n, collapsible, i	ncollapsible,			
	A 1 1 A		Has hospital admission been										
	Ambulance Arrangem		confirmed o		1 1	Yes 🗀	No 📖						
F	Departure Port Yes					Hospital Details: (full name, address and telephone No.)							
r	Transit Port Yes				No 🗀								
	Destination Port Yes \( \scale= \) No \( \scale= \)												
	*Note: All ambulance and hospital arrangements must be arranged by the treating doctor / hospital.												
G	Additional Passenger Information												
	Do you have a valid FREMEC card?												
	If yes, add below FREN							1D 12	1 6				
Н	If no, (or additional data needed by carrying airline(s)), has  Number Issued By Valid U								Limitation				
	Number	IS	sued By	Valla	Until	Inc	apacitation	1	Limi	Itation			
"I hereby autho	orise									أنا الموقع أدناه أفوض			
(Name of nominated physician) to provide the airline with the information required by the airline's medical department for the purpose of determining my fitness for carriage by air and in consideration thereof I hereby relieve the physician of his/						(أدخل إسم الطبيب) تزويد شركة الطبران بالمعلومات المطلوبة من قبل القسم الطبي لديهم لغرض تحديد لباقتي للسفر							
												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						م الطبيب الناتجة عر	و أوافق على تسديد رسو					
general conditions of carriage/tariffs of the carrier concerned and that the carrier codes does not assume any special liability exceeding those				وإنني على علم، حال قبول سفري، أن رحلتي ستكون خاضعة لشروط الناقل و السعر و هذه الإجراءات المتبعة من قبل الناقل لا تعني تحمل أية مسؤولية خارج شروط السعر و أوافق على دفع أية									
conditions / tariffs. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage." I agree to notify Qatar Airways if there is any change in the status of the medical condition / booking to avoid being refused for travel.													
					مصروفات و تكاليف تتعلق بسفري للشركة الناقلة								
					أوافق على إخطار الخطوط الجوية القطرية في حال حدوث أي تغيير في الحالة الصحية أو في								
(Where needed, to be read by/to the passenger, dated and signed by him/her on his/her behalf)						الحجز و ذلك لتجنب رفض الخطوط الجوية القطرية قبول سفري.							
,						(حيثما دعت الحاجة، يتم مراجعتها، تأريخها و توقيعها من قبل المسافر / أو من ينوب عنه)							
I have read and understood MEDIF Part 3						قد قرأت و إستوعبت النموذج الطبي							
rassenger or G	uardian's signature									ــــ حرب ويسرب توقيع المسافر أو وكيله			
							يخ	lu.		. , , ,			
Signed	Date						توقيع						







To be completed by the PHYSICIAN ATTENDING the incapacitated passenger.													
REQUIREMENTS for Transportation:													
Wheelchair	Needed?						Others?						
WCHR		WCHS				WCHC	Stretcher		Incubator*		Bassi	net 🔲	
(Can climb ste	eps/walk cabin)	(Unable to cl		n walk cabin)	(	Immobile)	Ventilator*		A	С		DC $\square$	
MEDA 01	Patient's Family Name/Initials:							Age		Sex	F	М	
	ATTENDING PHYSICIAN: (Name & Address)												
MEDA 02													
	Name of Hospital or clinic and specialty Telephone (Busine						usiness)	Mob	ile		Pager		
	MEDICAL DATA: DIAGNOSIS in detail:									diagnos	is/expect	ed delivery	
MEDA 03								Date	ate of first symptoms				
	Vital Signs			HB			HT WT						
	PROGNOSIS for the flight:								Narrative: (e.g. late stage disease, unstable)				
MEDA 04													
	GOOD		GUARDI			POOR							
	(No problems an	* '	(Potential	problems)		(Problems likel	ly)						
MEDA 05	Contagious a	nd communicable	disease?										
		Specify:											
MEDA 06	Would the ph	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?											
		Specify:											
MEDA 07	Can patient u	Can patient use normal aircraft seat with seat belt placed in the upright position when so required?											
11111111111		Yes No Specify:											
MEDA 08	Can patient take care of his/her needs onboard unassisted? (Including meals, visit to toilet,etc.)												
1,1221100	Meals Ye	s No No	Visit to t	oilet Yes 🗌	No 🗀	Specify:							
MEDA 09		If to be ESCORTED, by whom? Doctor 🗆 Nurse 🗀 Resp. Therapist 🗀 Non-medical 🗀 Passenger travelling alone 🗀 Other (Please specify) 🗀											
		avel companion or											
MEDA 10	Does the patient need "OXYGEN" equipment in flight? (If YES, please state rate of flow):												
	Continuous	Yes 🗔	No 🗀	Litres Per Minut	e (LPM)	) (Ma	ıx 8 LPM) Spo	ecify:					
MEDA 11		ent need any MED								ıch as r	espirato	or,	
MEDA 12	incubator, nebulizer etc.?**(Note: all battery operated equipment on board must be dry or non-spillable, otherwise Specify:)  A) On the ground while at the airport(s)  Yes  No  Specify:												
MEDA 12	B) On board the aircraft  Yes  No  Specify:												
MEDA 13	Does the patient need HOSPITALISATION, (If YES, indicate arrangement made, or if none were made, indicate "No action taken")												
(Note: The attending physician and/or Patient is responsible for all arrangements).													
MEDA 14	During long layover or at connecting points Yes No Specify: B) Upon arrival at destination Yes No Specify:												
	Other remarks or information in the interest of your patient's smooth and comfortable transportation												
MEDA 15	Yes No Specify:												
MEDA 16 Other arrangements made by the Attending Physician:													
Please ensure that all above information is accurate. Once approved, no last minute changes will be entertained. Qatar Airways must be informed of any change in patient's													
		4hours prior to depart		a, no last minute en			. Qutui 1111 ways		,c iiiioiiiied oi	uny cno			
I have read,	understood an	d hereby agree to t	he conditio	ns of the MEDIF	form								
Attending P	ttending Physician's Signature & Stamp Place Date												
Qatar Airways Medical Examiner Remarks													
Approved (one way)  Approved (full journey)  Rejected  Need Details													
Requiremen	its	T											
Doctor		Stretcher		Incubator		Diaper/F	Pamper		Sign & Sto	ımp			
Nurse		Wheelchair		Oxygen	L	PM Bassinet	t						
Non-medica	ıl 🗆	Ventilator		Other									

 $<sup>\</sup>ensuremath{^{*}}$  Incubator / ventilator arrangements are to be made by the treating doctor / hospital.

<sup>\*\*\*</sup> It is advisable to carry a universal multi-configuration adaptor to ensure compatibility of electrically operated medical equipments with electrical supply outlets on board the aircraft.

PART 3





**Reduced atmospheric pressure** (Cabin air pressure varies greatly during 15-30 minutes after takeoff and before landing. Gas expansion and contraction can cause pain and pressure effects).

**Reduction in oxygen tension** (The cabin is at a pressure equivalent to an altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% less than on the ground).

Any medical condition which would render a passenger unable to complete the flight safely without requiring extraordinary medical assistance during the flight is considered unacceptable for air travel.

**Conditions usually considered UNACCEPTABLE for air travel** (although these are suggested limiting factors, each individual case must be considered on its merits and is dependent on whether or not the passenger is accompanied by a professional escort).

- · Anemia of severe degree
- · Severe cases of Otitis Media and Sinusitis
- · Acute contagious or communicable disease
- · Those suffering from Congestive Cardiac Failure or other cyanotic conditions not fully controlled
- Uncomplicated Myocardial infarction within 2 weeks of onset complicated MI within 6 weeks of onset
- Those suffering from severe respiratory disease or recent pneumothorax
- · Those with GI lesions which may cause hematemesis, Melena or intestinal obstruction
- Post operative cases:
  - a) Within 10 days of simple abdominal operations
  - b) Within 21 days of chest or invasive eye surgery (not laser)
- · Fracture of the Mandible with fixed wiring of the jaw (unless medically) escorted
- · Unstable Mental Illness without escort and suitable medication for the journey
- · Uncontrolled seizures unless medically escorted
- · Uncomplicated Single Pregnancies beyond 35 weeks
- Multiple Pregnancies beyond 32 weeks
- · Infants within 7 days of birth
- Introduction of air to body cavities for diagnostic or therapeutic purposes within 7 days prior to air travel

Please carefully read the following frequently asked questions (FAQs) that will help you complete all the necessary information requirements. Failure to provide complete information to the airline will result in unnecessary delays in processing your case for air travel. We thank you for your understanding.

#### 1. What is the purpose of Medical Information Form (MEDIF)?

MEDIF is used for providing confidential information of passengers requiring special assistance. The information enables Qatar Airways Medical Centre to assess fitness of the passenger for air travel and to determine the use of medical equipment during travel e.g. stretcher, incubator, ventilator etc. It is therefore necessary that information (MEDA 01 to 16) required on MEDIF - PART 2 needs to be completely filled out.

#### 2. What other supporting documents are required to be submitted by the passenger along with the MEDIF?

The documents to be submitted are:

- a) Medical Report where necessary;
- b) If the passenger needs to be provided continuous oxygen then certification (on a specified format) is required from the Attending Physician that a non-medical escort/attendant travelling with the passenger is trained to administer oxygen.

# 3. When do I need to submit a Medical Report along with a MEDIF and in which situations only a Medical Certificate (without MEDIF) will be sufficient?

The Following table lists the relevant requirements and situations.

#### **Medical Report**

A detailed Medical Report is required under the following situations. **MEDIF** is required.

- 1. Ventilator, Incubator, Stretcher
- 2. Passenger requiring medical oxygen
- 3. Diabetics with unstable / complicated conditions
- **4**. Mentally Deficient passengers. No MEDIF & Medical Report required if the passenger has a pre-approved Frequent Traveller's Medical Card (FREMEC) or in stable condition
- **5.** Asthmatic sufferers requiring oxygen
- 6. Single uncomplicated Pregnancy cases (beginning of 33rd week up to and not beyond 35 weeks)
- 7. Wheelchair (for completely immobile passengers with recent surgery / medical treatment / illness)
- 8. Others where required by QR Doctor

PART 4





#### **Medical Certificate**

A Medical Certificate is required from a qualified doctor for the following. **MEDIF** is **NOT** required.

- 1. Beginning of 29th week up to 32nd week of single uncomplicated pregnancy
- 2. Controlled Diabetic passengers on insulin injections
- 3. Passengers having recent leg fracture with a HALF PLASTER CAST (i.e. boot type applied below the knee)
- **4**. In case of any recent communicable or infectious ailment. The certificate must state whether the passenger is fit or unfit to air travel and should include precautionary measure/s if necessary.
- **5.** Passengers using portable kidney dialysis machines and/or any medical equipment on-board provided the medical condition is stable and to make advance notice at least 48 hours prior to the date of travel.
- 6. Medical Certificate must be dated within 10 days of the flight date (this is from the regulation)

#### 4. What is the difference between a Medical Report and a Medical Certificate?

A Medical Report is more detailed containing diagnosis, a summary of hospitalisation and recent general condition of the patient. A Medical Certificate includes brief diagnosis and states whether the passenger is fit for air travel and must state if any precautionary measures are required.

#### 5. Which language should be used for MEDIF, Medical Report or Medical Certificate?

ENGLISH language is a must for MEDIF, Medical Report or Medical Certificate.

#### 6. Does the Attending Physician OR Qatar Airways Medical Centre approve air travel on Qatar Airways flight?

Qatar Airways Medical Centre is the final authority to approve air travel for any patient. The patient's Attending Physician provides details of patient's medical condition, which help the airline's Doctors in assessing whether the patient is fit for air travel under specific conditions.

#### 7. Which section of MEDIF needs to be filled out by passenger's Attending Physician?

MEDIF - PART 2 needs to be filled out completely by passenger's Attending Physician duly signed and stamped.

# 8. Why is it important that ALL the information in the section (MEDIF - PART 2) must be completely filled out by the Attending Physician ?

Complete and clear information provided by patient's Attending Physician will help Qatar Airways Doctor to approve the case quickly. For a MEDIF with incomplete and vague information, Qatar Airways Doctor will have to contact patient's Attending Physician for clarification, which will result in delays.

#### 9. What causes major delays in processing MEDIF application?

It has been observed that INCOMPLETE or VAGUE information provided within MEDIF is normally the cause of major delays in processing the application.

#### 10. What are the validity requirements for Medical Certificate and MEDIF form?

☐ A Medical Certificate must be dated within 10 days of flight date.
☐ An application using MEDIF must be completed and submitted to Qatar Airways no less than 48 hours are
no more than 7 days prior to flight departure.

#### 11. Do I need a new MEDIF for my return journey?

Depending upon the medical condition of the passenger, Qatar Airways may require a new MEDIF prior to the return journey. In case no MEDIF is required for the return journey then this will be indicated within Part 2 as "Approved (full journey)". Although, any change in the medical condition of the passenger after the approval process, should be notified to Qatar Airways at least 48 hours before travel.

#### Other Important Information:

- a) Wheelchairs can be provided at most airports if notice is given.
- b) Any fee for completion of this certificate, or for the medical examination or report will be responsibility of the passenger.
- c) Any case that Qatar Airways considers to result in jeopardising the safety or operation of the aircraft will not be accepted by Qatar Airways.
- **d)** Particular attention is drawn to the fact that the medical details given at the front of this form must be accurately typed and completed. If at the time of embarkation the condition of the passenger is worse than the medical details provided, the air carriage may have to be refused.
- **e)** To ensure that your patient is accepted for carriage, it is important that all medical terms provided by the Attending Physician must be legible / easily readable.
- **f)** Wheelchairs with spillable batteries are "Dangerous Goods" and are permitted on passenger aircraft only under certain conditions which can be checked from the airline. In addition certain countries may impose specific restrictions.
- **g)** For pregnancy cases, the Attending Physician must specify "Single/Multiple" and "Complicated/Uncomplicated" in Diagnosis in details within MEDA 03.





#### Other Useful Information

Equipment	Additional Information / Restriction				
Stretcher	Weight Limit :				
	The stretcher is designed to bear any passenger weight.				
Medical Oxygen	Flow Rate:				
	Two to eight Litres per Minute (LPM)				
	Mask:				
	Standard - Adult-size disposable oxygen therapy mask				
	Options - Child-size therapeutic mask				
Medical Outlet (Electrical)	Airbus*:				
	115V / 5A / 60 Hz and 220V / 3A / 50 Hz				
	Boeing:				
	115V / 15A / 60 Hz and 220V / 15A / 50 Hz				