

PART 1 To be completed by SALES OFFICE/AGENT		M E D I F STANDARD MEDICAL INFORMATION FORM FOR AIR TRAVEL Answer ALL questions - Put a cross (x) in "YES" or "NO" boxes. Use BLOCK CAPITALS or TYPEWRITER when completing this form					
A	NAME / INITIALS / TITLE						
B	PROPOSED ITINERARY (Airline(s), Flight Number(s), class(es), date(s), segment(s), reservation status of continuous air Journey)					Transfer from one flight to another often requires LONGER connecting time.	
C	NATURE OF INCAPACITATION						MEDICAL CLEARANCE REQUIRED? NO <input type="checkbox"/> YES <input type="checkbox"/>
D	IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted) NO <input type="checkbox"/> YES <input type="checkbox"/>						Request rate of known
E	INTENDED ESCORT (Name, sex, age, professional qualification, segments if different from passenger) If untrained, state "Travel companion)"					For blind and/or deaf, state if escorted by a trained dog.	
F	WHEELCHAIR NEEDED? NO <input type="checkbox"/> YES <input type="checkbox"/> Categories are: WCHR WCHS WCHC Wheelchair Category <input type="text"/>		OWN Wheelchair NO <input type="checkbox"/> YES <input type="checkbox"/>	Collapsible NO <input type="checkbox"/> YES <input type="checkbox"/>	Power drive? NO <input type="checkbox"/> YES <input type="checkbox"/>	Battery Type (Spillable?) NO <input type="checkbox"/> YES <input type="checkbox"/>	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.
G	AMBULANCE NEEDED? NO <input type="checkbox"/> YES <input type="checkbox"/>		To be arranged by AIRLINE NO <input type="checkbox"/> specify Ambulance Company contact: YES <input type="checkbox"/> specify destination address:				Request rate(s) if unknown
H	OTHER GROUND ARRANGEMENTS NEEDED If yes, SPECIFY below and indicate for each item: (a) the ARRANGEMENT airline or other organisation, (b) at whose EXPENSE, and (c) CONTACT addresses/phones where appropriate, or whenever specific persons are designated to meet/assist the passenger.						
1	Arrangements for delivery at DEPARTURE NO <input type="checkbox"/> YES <input type="checkbox"/>						
2	Arrangements for assistance at CONNECTING POINTS NO <input type="checkbox"/> YES <input type="checkbox"/>						
3	Arrangements for meeting at airport of ARRIVAL NO <input type="checkbox"/> YES <input type="checkbox"/>						
4	Other requirements or relevant information NO <input type="checkbox"/> YES <input type="checkbox"/>						
K	SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, Such as special meals, special seating, leg-rest, extra seat(s) special equipment etc. (See note at end of PART 2)		NO <input type="checkbox"/> If yes, DESCRIBE and indicate for each item: (a) SEGMENT(s) on which required, (b) airline-ARRANGED or arranging third party, and (c) at whose expense. - Provision of SPECIAL EQUIPMENT, such as oxygen etc., always requires completion of PART 2. YES <input type="checkbox"/>				
L	DOES PASSENGER HOLD A "FREQUENT TRAVELLERS MEDICAL CARD" VALID FOR THIS TRIP? (FREMEC) NO <input type="checkbox"/> YES <input type="checkbox"/>						If yes, add below FREMEC data on your reservation requests. If no (or if additional data needed by carrying airline(s), have physician in attendance complete PART 2 overleaf.
FREMEC <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (FREMEC number) (issued by) (valid until) (sex) (age) (incapacitation)							
<input type="text"/> <input type="text"/> (incapacitation - cont'd) (limitations)							
PASSENGER DECLARATION (where needed, to be read by/to the passenger, date and signed by him/her or on his/her behalf.							
I HEREBY AUTHORIZE 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 accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs. I am prepared, at any risk, to bear any consequences which carriage by air may have for the state of my health and I release the carrier, it's 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.							
PLACE:		DATE:		PASSENGERS SIGNATURE:			

PART 2		MEDIF - MEDICAL INFORMATION SHEET		(FOR OFFICIAL USE ONLY)
To be completed by ATTENDING PHYSICIAN		<p>This form is intended to provide CONFIDENTIAL information, to enable the airlines MEDICAL Department to assess the fitness of the passenger to travel as indicated in PART 1 hereof. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passengers welfare and comfort.</p> <p>The PHYSICIAN ATTENDING the incapacitated passenger is requested to ANSWER ALL QUESTIONS. (Enter a cross "x" in the appropriate "yes" or "no" boxes, and/or give precise concise answers).</p> <p>COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.</p>		
		This form must be returned to: <div style="border: 1px solid black; height: 50px; width: 100%; margin-top: 5px;"></div> (Carriers designated office)		
MEDA01	PATIENT'S PHYSICIAN INITIAL(S), SEX, AGE			
MEDA03	ATTENDING PHYSICIAN Name & Address Telephone contact	Business: _____ Home: _____		
MEDA04	MEDICAL DATA DIAGNOSIS in detail (including vital signs) Day/Month/Year of first symptoms	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Date of diagnosis: </div>		
MEDA04	PROGNOSIS for the trip			
MEDA05	Contagious AND communicable disease NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: 			
MEDA06	Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers? NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: 			
MEDA07	Can patient use normal aircraft seat with seat-back placed in the UPRIGHT position when so required?			
MEDA08	Can patient take care of his/her own needs onboard UNASSISTED * (including meals visit to toilet, etc.,)? NO <input type="checkbox"/> YES <input type="checkbox"/> <div style="margin-top: 5px;"> If not, type help needed: </div>			
MEDA09	If to be ESCORTED, is the arrangement proposed in PART 1/E hereof satisfactory for you? NO <input type="checkbox"/> YES <input type="checkbox"/> <div style="margin-top: 5px;"> If not, type of escort proposed by you: </div>			
MEDA10	Does patient need OXYGEN ** equipment in flight? (if yes, state rate of flow) NO <input type="checkbox"/> YES <input type="checkbox"/> Litres per minute: 			
MEDA11	Does patient need MEDICATION * other than self administered, and/or the use of special apparatus such as respirator, incubator, etc. **? (a) on the GROUND while at the airport(s): NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: 			
MEDA12	(b) on board the AIRCRAFT NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: 			
MEDA13	Does patient need HOSPITALISATION ! (if yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN". (a) during long layover or nightstop at CONNECTING POINTS en route NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: 			
MEDA14	(b) upon arrival at DESTINATION NO <input type="checkbox"/> YES <input type="checkbox"/> Specify: 			
MEDA15	Other remarks or information in the interest of your patient(s) smooth and comfortable transportation NONE <input type="checkbox"/> Specify if any **: 			
MEDA16	Other arrangements made by the attending physician			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>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.</p> </div> <div style="width: 45%;"> <p>IMPORTANT: FEES, IF RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR THE CARRIER-PROVIDED SPECIAL EQUIPMENT (**) ARE TO BE PAID BY THE PASSENGER CONCERNED.</p> </div> </div>				
PLACE:		DATE:		ATTENDING PHYSICIAN'S SIGNATURE: