

MEDICAL INFORMATION FORM FOR AIR TRAVEL (MEDIF)

STANDARD MEDICAL INFORMATIONAnswer ALL questions - put cross (X) in "YES" or "NO" boxes. Use BLOCK LETTERS or TYPEWRITER when completing this form.

PART 1
To be completed by SALE OFFICE/AGENTS

А	NAME/TITLE:				
В	PROPOSED ITINERARY: Airlines, Flight Numbers, Class(es), Datas, Segment(s), Resevartion status of continuous air journey.	Transfer from one flight to another often requires LONGER connecting time.			
С	NATURE OF INCAPACITATION:	MEDICAL CLEARANCE REQUIRED? ☐ NO ☐ YES			
D	IS STRETCHER NEEDED ON BOARD? All stretcher cases MUST be escorted. Request				
E	INTENDED ESCORT Name, Sex, Age, Professional Qualification, Segments (if different from passanger), if untrained, state 'TRAVEL COMPANION'	For blind and/or deaf, state if escoted by trained dog			
F	WHEELCHAIR NEEDED?	NO YES. If yes, which categories: WCHR WCHS WCHC			
		OWN WHEELCHAIR Types: Collapsible Power driven Battery (spillable type)			
		Wheelchair with spillable batteries are "dangerous goods" and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airlines. In addition, certain countries may impose specific restrictions.			
G	AMBULANCE NEEDED? Request rate if unknow.	NO YES. If yes, to be arranged by AIRLINE: Specify (ambulance) (destination)			
Н	GROUND ARRANGEMENTS NEEDED?	YES. If yes, specify below and indicate for each item; (a) the ARRANGING airline or other organization, (b) at whose EXPENSE, and (c) CONTACT addresses/ telephone numbers where appropriate, or whenever specific person are designated to meet/ asists the passenger			
1	Delivery at airport of DEPARTURE	NO YES. If yes, specify:			
2	Assistance at CONNECTING POINTS	NO YES. If yes, specify:			
3	Meeting at airport of ARRIVAL	NO YES. If yes, specify:			
4	Other requirements/ information	NO YES. If yes, specify:			
К	SPECIAL IN-FLIGHT ARRANGMENTS NEEDED? Special Meals, Special Seating, Leg-Rest, Extra Seat(s), Special Equipment, etc.	NO YES. 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 Equipement, such as oxygen etc. always requires completion of PART 2 overleaf.			
		See "Note" at the end of PART 2 overleaf			
L	DOES PASSENGER HOLD A FREQUENT TRAVELLER'S MEDICAL CARD (FREMEC) VALID FOR THIS TRI	NO YES. If yes, add below FREMEC data to your reservation requests. If no (or if additional data needed by carrying airlines), have physician in attendance complete PART 2 hereof.			
	FREMEC No:	Issued by: Valid until: Sex: Age:			
	Incapacitation:	Limitations:			
PASSENGER'S DECLARATION I hereby authorize (name of nominated physician) to provide the airlines with the information by those airlines medical departments for the purpose of the 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 such information, and agrees to meet such physician's fees in connection therewith. I take note that, if accepeted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier concerned and that the carrier does not assumes					
I am p	pecial liability exceeding those conditions/tariffs. orepared, at my own risk, to bear any consequences ich consequences.	s which carriage by air may have for my state of release the carrier, its employees, servants and agents from any liability			
I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage. (Where needed, to be read by to the passanger, dated and signed by him/her or on his/her behalf.)					
Place	:	Date:			
		Passanger's Signature:			



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MEDICAL INFORMATION SHEETFor official use only. Use BLOCK LETTERS or TYPEWRITER when completing this form.

PART 2 To be completed by ATTENDING PHYSICIAN

This form is intended to provide CONFIDENTIAL information to enable the airline's MEDICAL department assess the fitness of the passenger to travel as indicateted in part 1 hereof. If the passanger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the pessanger's welfare and comfort.					
AIRLINE'S AEF. CODE	The PHYSICIAN ATTENDING the incapacitated passenger is requested Enter a cross "x" in the appropriate "yes" or "no" boxes, and/or give pr	(Carrier's Designated Office)			
MEDA01	PATIENT'S NAME:	SEX	X: AGE:		
MEDA02	ATTENDING PHYSICIAN:				
	ADDRESS:				
	CONTACT: (Business)	(Home)	(Handphone)		
MEDICAL DATA					
MEDA03	DIAGNOSIS:				
	Date of First Symptoms:	Data of Diagnosis:			
MEDA04	PROGNOSIS FOR TRIP:				
MEDA05	CONTAGIOUS AND COMMUNICABLE DISEASE?	NO YES. If yes, specify:			
MEDA06	WOULD THE PHYSICAL AND/OR MENTAL CONDITION OF THE PATIENT BE LIKELY TO CAUSE DISTRESS OF DISCOMFORT TO OTHER PESSANGER?	NO YES. If yes, specify:			
MEDA07	CAN PATIENT USE NORMAL AIRCRAFT SEAT? with seatback placed in the UPRIGHT position when so required	□ NO □ YES			
MEDA08	DOES PATIENT NEED ONBOARD ASSISTANCE? including meals, vist to toilet, etc	NO YES. If yes, specify:			
MEDA09	DOES PATIENT SATISFY WITH THE PROPOSED ESCORT ARRANGEMENT?	YES NO. If no, kindly suggest	your preference:		
MEDA10	DOES PATIENT NEED OXYGEN EQUIPMENT IN FLIGHT?	NO YES. If yes, state rate of ls the flow continuous?	flow (liters per minute) YES NO		
MEDA11	DOES PATIENT NEED ANY MEDICATION OTHER THANSELF-ADMINISTRERED AND/OR THE USE OF SPECIAL APPARATUS SUCH AS RESPIRATOR,	(a) On the GROUND while at the airport(s) NO YES. If yes, specify:	:		
MEDA12	INCUBATOR, ETC.?	(b) Onboard of the AIRCRAFT: NO YES. If yes, specify:			
MEDA13	DOES PATIENT NEED HOSPITALIZATION? If yes, indicate arrangment made on, if none were made, indicate "NO ACTION TAKEN"	(a) During long layover or nightship at CONNECTING POINTS en route: NO YES. If yes, state action:			
MEDA14	malade No No Hol Miller	(b) Upon arrival at DESTINATION: NO YES. If yes, state action:			
MEDA15	OTHER REMARKS OF INFORMATION in the interest of your patient's smooth and comfortable transportatio	NONE YES. If yes, specify if any	**.		
MEDA16	OTHER ARRANGMENT: made by the attending physician				
NOTE: Cabin attendants are NOT authorized to give special assistance to particular passanger, to the detriment of their service to other passangers. Additionally, they are trained only in FIRST AID and are NOT PERMITTED to administer any injection, or give medication. IMPORTANT: FEES, IF ANY RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER PROVIDED SPECIAL EQUIPMENT(**) ARE TO BE PAID BY THE PASSANGER CONCERNED. Date:					