

**M E D I C A L I N F O R M A T I O N S H E E T — ( M E D I F )**

(for official use only)

To be completed  
by  
ATTENDING PHYSICIAN

This form is intended to provide CONFIDENTIAL information to enable the airlines' MEDICAL Departments to assess the fitness of the passenger to travel. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger's welfare and comfort.

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).

COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.

- The form must be returned to:

(Carrier's Designated Office)

Airlines' Ref. Code MEDA01	PATIENT'S NAME, INITIAL(S), SEX, AGE:			
MEDA02	ATTENDING PHYSICIAN - Name & Address			
	- Telephone Contact	Business:	Home:	
MEDA03	MEDICAL DATA: - DIAGNOSIS in details (including vital signs) - Day/month/year of first symptoms:	Date of operation	Date of diagnosis	
MEDA04	- PROGNOSIS for the flight(s):			
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 seatback placed in the UPRIGHT position when so required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
MEDA08	- Can patient take care of his own needs on board UNASSISTED* (including meals, visit to toilet, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, type of help needed:
MEDA09	- If to be ESCORTED, is the arrangement satisfactory to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If not, type of escort proposed by YOU:
MEDA10	- Does patient need OXYGEN** equipment in flight? (If yes, state rate of flow)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/> Litres per Minute <input type="checkbox"/> Continuous? Yes <input type="checkbox"/>
MEDA11	- Does patient need any 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 of 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"/>	Action:
MEDA14		(b) upon arrival at DESTINATION:		
		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action:
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:			

NOTE(\*): Cabin attendants are NOT authorized to give special assistance (e.g. lifting) 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.

IMPORTANT: FEES, IF ANY, RELEVANT TO THE PROVISION OF THE ABOVE INFORMATION AND FOR CARRIER-PROVIDED SPECIAL EQUIPMENT(\*\*) ARE TO BE PAID BY THE PASSENGER CONCERNED.

Date:	Place:	Attending Physician's Signature:
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**PASSENGER'S DECLARATION**

"I HEREBY AUTHORIZE .....  
(Name of nominated 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 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 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 passenger, dated and signed by him/her or on his/her behalf.)

Place:	Date:	Passenger's Signature:
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