



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 LETTERS or TYPEWRITER when completing this form	

A	N A M E / INITIALS / TITLE :	
B	PROPOSED ITINERARY (airline(s), flight number(s), class(es), date(s) segment(s) reservation status)	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"/>
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D	IS STRETCHER NEEDED ON BOARD (all stretcher cases MUST be escorted)	No <input type="checkbox"/> Yes <input type="checkbox"/>	Request rate if unknown
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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 trained dog
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F	WHEELCHAIR NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/> Categories are: WCHR WCHS WCHC Wheelchair Category: <input style="width: 100px;" type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="font-size: 0.8em;">OWN wheelchair</th> <th style="font-size: 0.8em;">Collapsible</th> <th style="font-size: 0.8em;">Power driven?</th> <th style="font-size: 0.8em;">Battery Type (spillable)</th> </tr> <tr> <td style="text-align: center;">No <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">Yes <input type="checkbox"/></td> </tr> </table>	OWN wheelchair	Collapsible	Power driven?	Battery Type (spillable)	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Spillable batteries are "restricted articles" and are not permitted in passenger-carrying aircraft
OWN wheelchair	Collapsible	Power driven?	Battery Type (spillable)												
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>												
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>												

G	AMBULANCE NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/>	To be arranged by AIRLINE No <input type="checkbox"/> → specify Ambul. Company contact. Yes <input type="checkbox"/> → specify destination address	Request rate(s) if unknown
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H	OTHER GROUND ARRANGEMENTS NEEDED No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, SPECIFY below and indicate for each item: (a) the ARRANGING 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 air port of DEPARTURE No <input type="checkbox"/> Yes <input type="checkbox"/> specify <input style="width: 150px;" type="text"/>	
2	Arrangements for assistance at CONNECTING POINTS No <input type="checkbox"/> Yes <input type="checkbox"/> specify <input style="width: 150px;" type="text"/>	
3	Arrangements for meeting at air port of ARRIVAL No <input type="checkbox"/> Yes <input type="checkbox"/> specify <input style="width: 150px;" type="text"/>	
4	Other requirements or relevant information No <input type="checkbox"/> Yes <input type="checkbox"/> specify <input style="width: 150px;" type="text"/>	

K	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)	No <input type="checkbox"/> Yes <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 overleaf.
<input style="width: 100%; height: 100%;" type="text"/>			

L	DOES PASSENGER HOLD A "FREQUENT PASSENGER'S MEDICAL CARD" VALID FOR THIS TRIP / (FREMEC) No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, add below FREMEC data to your reservation requests. If no for if additional data needed by carrying airline(s), have physician in attendance complete PART 2 hereof.														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-bottom: 1px solid black;">FREMEC /</td> <td style="width: 15%; border-bottom: 1px solid black;">(FREMEC Number)</td> <td style="width: 15%; border-bottom: 1px solid black;">(issued by)</td> <td style="width: 15%; border-bottom: 1px solid black;">(valid until)</td> <td style="width: 10%; border-bottom: 1px solid black;">(sex)</td> <td style="width: 10%; border-bottom: 1px solid black;">(age)</td> <td style="width: 15%; border-bottom: 1px solid black;">(Incapacitation)</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">(Incapacit-cont.)</td> <td colspan="5" style="border-bottom: 1px solid black;">(Limitations)</td> </tr> </table>			FREMEC /	(FREMEC Number)	(issued by)	(valid until)	(sex)	(age)	(Incapacitation)	(Incapacit-cont.)		(Limitations)				
FREMEC /	(FREMEC Number)	(issued by)	(valid until)	(sex)	(age)	(Incapacitation)										
(Incapacit-cont.)		(Limitations)														

PASSENGER'S DECLARATION (Where needed, to be read by/to the passenger, dated and signed by him/her, or on his/her behalf)	<p>I herewith relieve the physician whom I shall choose to make a statement on my condition of health, of his/her professional discretion to the extent that he/she shall be permitted to disclose to the airlines' medical departments such details on the condition of my health as may be required by them to judge upon my medical fitness to travel by air. Such physician's fees shall be met by me, and such medical departments' judgements shall be accepted by me as final. If accepted for transportation, the undersigned hereby release and will indemnify the airlines concerned, their representatives and agents from all claims for damage sustained in connection with the deterioration of his/her illness as a result of the transportation by air. In case of legal dispute the undersigned will have to prove that any such damage sustained has not been caused wholly or in part by his/her physical, mental or medical condition. The undersigned further agrees to pay all additional costs, and will be responsible for all damages, incurred by the airlines or third parties through this transportation.</p> <p>The undersigned also declares to be informed that the airlines are not obliged in any way to accept him/her for any subsequent or return journey. Otherwise, the airlines' Conditions of Carriage will apply.</p> <p>Place: _____ To be read by/to passenger, dated & signed by him or on his behalf.</p>
Place: _____	Date: _____ Passenger's Signature: _____

**PART
2**

M E D I F - M E D I C A L I N F O R M A T I O N S H E E T

(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 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 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)

MEDA01	Airlines Ref. Code	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 diagnosis:		
MEDA04	PROGNOSIS for the trip.				
MEDA05	Contagious AND communicable disease?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify:	
MEDA06	- Is patient in any way OFFENSIVE to other passengers? (smell, appearance, conduct)	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 proposed in PART 1 E hereof satisfactory for 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"/>	Litres per Minute <input type="text"/>	Continuous? Yes <input type="checkbox"/> No <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: <input type="text"/>
MEDA12		(b) on board of the AIRCRAFT:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify: <input type="text"/>
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: <input type="text"/>
MEDA14		(b) upon arrival at DESTINATION	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action: <input type="text"/>
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 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: _____

