



MEDICAL INFORMATION SHEET - (MEDIF)

(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
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MEDA04	- PROGNOSIS for the flight(s):		
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MEDA05	- Contagious AND communicable disease?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify:
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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:
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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"/>
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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:		

MEDA010	- Does patient need OXYGEN** equipment in flight? (If yes, state rate of flow)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
		Litres per Minute		Continuous?		

MEDA011	- 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:	
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MEDA012		(b) on board of the AIRCRAFT:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Specify:	
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MEDA013	- 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:	
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MEDA014		(b) upon arrival at DESTINATION:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Action:	
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MEDA015	- Other remarks or information in the interest of your patient's smooth and comfortable transportation:	None <input type="checkbox"/>	Specify if any**:	
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MEDA016	- Other arrangements made by the attending physician:		
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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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INFORMATION SHEET FOR PASSENGERS REQUIRING SPECIAL ASSISTANCE

To be completed by SALES OFFICE/AGENT

Answer ALL questions — put a cross (x) in "YES" or "NO" boxes. Use BLOCK LETTERS or TYPEWRITER when completing this form.

A NAME/INITIALS/TITLE: _____

B PROPOSED ITINERARY (airline(s), flight number(s), class(es), date(s), segments(s), reservation status of continuous air journey).

Transfer from one flight to another often requires LONGER connecting time.

C NATURE OF INCAPACITATION: _____

D IS STRETCHER NEEDED ON BOARD? (all stretcher cases MUST be escorted). No Yes

Request rate if unknown.

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.

F WHEELCHAIR NEEDED? No Yes

Categories are: WCHR WCHS WCHC
 Wheelchair category: _____

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"/>

Wheelchairs with spillable batteries are "dangerous goods" 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 Yes

To be arranged by AIRLINE
 No Specify ambulance company contact: _____
 Yes Specify destination address: _____

Request rate(s) if unknown.

H OTHER GROUND ARRANGEMENTS NEEDED No Yes

If yes, SPECIFY below and indicate for each item: (a) the ARRANGING airline or other organisation, (b) at whose EXPENSE, and (c) CONTACT addresses/telephone numbers where appropriate, or whenever specific persons are designated to meet/assist the passenger.

1 Arrangements for delivery at airport of DEPARTURE No Yes Specify _____

2 Arrangements for assistance at CONNECTING POINTS No Yes Specify _____

3 Arrangements for meeting at airport of ARRIVAL No Yes Specify _____

4 Other requirements or relevant information No Yes Specify _____

K SPECIAL IN-FLIGHT ARRANGEMENTS NEEDED, such as: 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 EQUIPMENT, such as oxygen, etc. always requires completion of the MEDIF.

L DOES PASSENGER HOLD A "FREQUENT TRAVELLER'S MEDICAL CARD (FREMEC)" VALID FOR THIS TRIP? No Yes

If yes, add below FREMEC data to your reservation requests. If no (or if additional data needed by carrying airline(s)), have physician in attendance complete the MEDIF.

FREMEC / _____ (FREMEC number) _____ (Issued by) _____ (Valid until) _____ (Sex) _____ (Age) _____ (Incapacitation)

_____ (Limitations)

_____ (Incapacitation continued)

FREQUENT TRAVELLER'S MEDICAL CARD (FREMEC)

Honouring instructions. The data contained in the shaded fields **MUST** always be transmitted with any reservation request. Journeys requested but not authorized by this Card require completion of the Information Sheet for Passengers Requiring Special Assistance.

FREMEC Number: / Issued by: Valid until:
(Airline's Code Number) (Serial Number) (Airline's Medical Dept's Telex Code) (day/month/year)

The holder of this Card.
(Surname) (Initial) (Title) (Sex) (Age)

(Permanent Address) (Phone)

has the following permanent/chronic incapacitation

The holder is authorised by the Medical Department issuing this Card, to travel by air within the validity of this Card, subject to: (a) the Conditions stated on the reverse, (b) no worsening of the Holder's present health conditions, and (c) full observance of all carrier rules, regulations and instructions, and with the following LIMITATIONS:

(Insert limitations, including any permanent dietary requirements)

(2)

CONDITIONS OF ISSUE

1. Cardholders are required to REPORT ALL CHANGES in their present handicap or incapacitation, and/or the deterioration in their physical or medical condition, to the airline representative or agent with whom they are in contact.
2. Subject to all terms and conditions stated on this Card, the authorisation for air travel is valid only up to the date stated on the front.
3. This Card is not transferable and must be produced, together with proof of the cardholder's identity, on every occasion whenever airline reservations are made for the cardholder, at time of ticket issuance, and when so requested by the airlines or their agents or representatives.
4. Cardholders are reminded that arrangements for travel should be made as much in advance as possible. They should also allow sufficient time for check-in formalities.

Date and Place of Issue

Passenger's Signature

(Legal guardian or Passenger's witness may sign if passenger is physically unable to do so).