



**MEDIF – MEDICAL INFORMATION FORM  
FOR AIR TRAVEL  
HANDLING INFORMATION – PART 1**

Part 1

Answer all questions. Put a cross (x) in 'Yes' or 'No' boxes. Use **block letters** or **typewriter** when completing this form

To be completed by Sales Office / Agent

<b>A</b>	<b>NAME / INITIALS / TITLE :</b>						
<b>B</b>	<b>Proposed Itinerary</b> (airline(s), flight number(s), class(es), date(s), segment(s), reservation status of continuous air journey)	<b>FLIGHT</b>	<b>DATE</b>	<b>FROM</b>	<b>TO</b>	<b>PNR NUMBER</b>	
						Transfer from one flight to another often requires longer connecting time	
<b>C</b>	<b>Nature of Incapacitation</b>					<b>Medical clearance required?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>D</b>	<b>Is stretcher needed onboard?</b> (all stretcher cases must be escorted)					<input type="checkbox"/> No <input type="checkbox"/> Yes	Request rate if unknown
<b>E</b>	<b>Intended escort</b> (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	
<b>F</b>	<b>Wheel chair need?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	Own wheelchair? <input type="checkbox"/> No <input type="checkbox"/> Yes	Collapsible? <input type="checkbox"/> No <input type="checkbox"/> Yes	Power driven? <input type="checkbox"/> No <input type="checkbox"/> Yes	Battery type (spillable?) <input type="checkbox"/> No <input type="checkbox"/> Yes	Wheelchairs with spillable batteries are restricted articles and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airlines(s). In addition, certain countries may impose specific restrictions.	
	<b>Wheelchair category</b> Categories are WCHR, WCHS, WCHC						
<b>G</b>	<b>Ambulance needed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					To be arranged by <b>airline</b> Specify ambulance company contact Specify destination address	Request rate(s) if unknown
<b>H</b>	<b>Other ground arrangements needed</b> <input type="checkbox"/> No <input type="checkbox"/> 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/phones where appropriate, or whenever specific persons are designated to meet/assist the passenger.	
1	Arrangements for delivery at airport of <b>departure</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	specify			
2	Arrangements for assistance at <b>connecting points</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	specify			
3	Arrangement for meeting at airport of <b>arrival</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	specify			
4	Other requirements or relevant information	<input type="checkbox"/> No	<input type="checkbox"/> Yes	specify			
<b>K</b>	<b>Special In-Flight arrangements needed</b> , such as special meals, special seating, leg rest, extra seat(s), special equipment, etc.					<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, describe and indicate for each item, (a) <b>segment(s)</b> on which required, (b) airline <b>arranged</b> or arranging third party, and (c) at whose expense. Provision of <b>special equipment</b> such as oxygen etc. always requires completion of <b>Part 2</b> overleaf.
	(See "Note (*)" at the end of <b>Part 2</b> overleaf)						
<b>L</b>	<b>Does passenger hold a 'Frequent traveller's medical card' (FREMEC) valid for this trip</b> <input type="checkbox"/> No <input type="checkbox"/> 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 <b>Part 2</b> overleaf.	
	(FREMEC No.)	(ISSUED by)	(VALID UNTIL)	(sex)	(age)	(INCAPACITATION)	
						(LIMITATIONS)	
<b>Passenger's declaration</b>							
I hereby authorize _____							
(name of nominated physician)							
to provide the airlines with the information required by those airlines' medical department 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 fee 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(s) concerned and that the carrier(s) do not assume any special liability exceeding those conditions/tariffs.							
I am prepared, at my own risk, to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees, servants and agents from any liability for such consequences.							
I agree to reimburse the carrier(s) 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					

<b>MEDIF - MEDICAL INFORMATION FORM – PART 2 CONFIDENTIAL</b>		Part 2	
(for official use only)			
This form must be returned to:  (Carrier's Designated Office)		<p>This form is intended to provide <b>confidential</b> information to enable the airlines' <b>medical</b> department to assess the fitness of the passenger to travel as indicated in <b>Part 1</b> overleaf. 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 <b>Physician attending</b> the incapacitated passenger is requested to <b>answer all questions</b>. (Enter a cross (x) in the appropriate 'Yes' or 'No' boxes, and/or give precise concise answers). <b>Completion of the form in block letters or by typewriter will be appreciated.</b></p>	
Airlines' ref code <b>MEDA 01</b>	<b>Patient's name, initial(s):</b>	Sex	Age
<b>MEDA 02</b>	<b>Attending physician</b> Name and address		
	Telephone contact	Business:	Home:
<b>MEDA 03</b>	<b>Medical data:</b> Diagnosis in details (including vital signs)		
	Day/month/year of first symptoms:	Date of diagnosis:	
<b>MEDA 04</b>	<b>Prognosis</b> for the trip		
<b>MEDA 05</b>	Contagious <b>and</b> communicable disease?	<input type="checkbox"/> No	<input type="checkbox"/> Yes Specify
<b>MEDA 06</b>	Is the patient's condition likely to be a source of discomfort to other passengers? (odor, appearance, conduct)	<input type="checkbox"/> No	<input type="checkbox"/> Yes Specify
<b>MEDA 07</b>	Can patient use normal aircraft seat with seatback placed in the <b>upright</b> position when so required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>MEDA 08</b>	Can patient take care of his own needs onboard <b>unassisted*</b> (including means, visit to toilet, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If Not, type of help needed	
<b>MEDA 09</b>	If to be escorted, is the arrangement proposed in <b>Part 1/E</b> overleaf satisfactory for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If Not, type of Escort proposed by you	
<b>MEDA 10</b>	Does patient need <b>oxygen**</b> , equipment in flight? (If yes, state rate of flow)	<input type="checkbox"/> No	<input type="checkbox"/> Yes Litres per minute Continuous <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>MEDA 11</b>	Does patient need any medication", other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc.**	(a) on the <b>ground</b> while at the airport(s) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify	
<b>MEDA 12</b>		(b) on board the <b>aircraft</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Specify	
<b>MEDA 13</b>	Does patient need hospitalization? (if yes, indicate arrangements made or, if none were made indicated 'No action taken')	(a) during long layover or nightstop at <b>connecting</b> points en route <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Action</b>	
<b>MEDA 14</b>		(b) upon arrival at destination <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Action</b>	
<b>MEDA 15</b>	Other remarks or information in the interest on your patient's smooth and comfortable transportation.	<input type="checkbox"/> Specify if any**	
<b>MEDA 16</b>	Other arrangements made by the attending physician.		
<b>Note(*):</b>	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 <b>First Aid</b> and are <b>not permitted</b> to administer any injection, or to give medication.	<b>Important:</b>	<b>Fees if any, relevant to the provision of the above information and for carrier – provided special equipment (**)</b> are to be paid by the passenger concerned.
Date:	Place:	Attending Physician's Signature	