

PART 2	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 1. Enter a cross (x) in the appropriate 'yes' or 'no' boxes, and/or give precise concise answers. IN CASE OF HIV POSITIVE PATIENT THE LATEST CHEST X-RAY RESULT SHOULD BE ATTACHED TO THIS MEDICAL INFORMATION SHEET. COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED	Please return the completed form to
MEDA 01	PATIENT'S NAME, INITIAL(S), SEX, AGE:	
MEDA 02	ATTENDING PHYSICIAN - Name & Address - Telephone Contact	Business: _____ Home: ---
MEDA 03	MEDICAL DATA: - DIAGNOSES and TREATMENT in Details	
	- Latest vital signs	BP: _____ PR: _____ RR: _____ TEMP: _____
	- Day/month/year of first symptoms:	Date of diagnosis: _____
MEDA 04	- Prognosis for the flight (s):	
MEDA 05	- Contagious AND communicable disease? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____	
MEDA 06	- Would 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: _____	
MEDA 07	- Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required? No <input type="checkbox"/> Yes <input type="checkbox"/>	
MEDA 08	- Can patient take care of his own needs on board UNASSISTED (INCLUDING meals, visit to toilet, etc.)? No <input type="checkbox"/> Yes <input type="checkbox"/> If not, type of help needed	_____
MEDA 09	- If to be ESCORTED, is the arrangement satisfactory for you? No <input type="checkbox"/> Yes <input type="checkbox"/> If not, type of escort proposed by YOU:	_____
MEDA 10	- Does patient need oxygen equipment in flight? (if yes, state rate of flow) No <input type="checkbox"/> Yes <input type="checkbox"/>	Litres per Minute: _____ Continuous Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDA 11	(a) on the GROUND while at the airport(s) No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____	_____
MEDA 12	(b) on board of the AIRCRAFT No <input type="checkbox"/> Yes <input type="checkbox"/> Specify: _____	_____
MEDA 13	(a) during long layover or nightstop at CONNECTION POINTS en route - Does patient need HOSPITALISATION? (if yes, indicate arrangements made, or if none were made, indicate 'NO ACTION TAKEN') No <input type="checkbox"/> Yes <input type="checkbox"/> Action: _____	_____
MEDA 14	(C) upon arrival at DESTINATION No <input type="checkbox"/> Yes <input type="checkbox"/> Action: _____	_____
MEDA 15	-Other remarks or information in the interest of your patient's smooth and comfortable transportation None <input type="checkbox"/> Specify if any	_____
MEDA 16	- Other arrangements made the attending physician	
NOTE (*):	Cabin attendants are NOT authorized to give special assistance to particular 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 DATE THE PASSENGER CONCERNED.
Place:	Date:	Attending Physician's Signature:
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: