

Handling Advice - Invalid Passenger

To be issued for all passengers:

- with injuries of the skull/brain, with internal or large external injuries
- with spasmodic paralysis with cerebral damage, or with mental deficiency
- whose intended date of travel is earlier than 6 months after a heart infarct or a stroke
- who are dependent during flight on special equipment or treatment (oxygen, respirator, incubator, infusions etc)
- who can not travel on a passenger's seat with backrest in upright position (carriage on stretcher)

MEDA

A	Name	Sex	Age	
For newborn state exact date of birth:				
B	Routing			
	From	To	Flight Number	Date
C	Diagnosis			
	Escort for the journey required			
E	<input type="checkbox"/> NO			<input type="checkbox"/> YES, by physician (name, tel.)
				<input type="checkbox"/> YES, by qualified person (name, tel.)
F	Required assistance			
	<input type="checkbox"/> WCHR	Ambulant, but handicapped in walking: Needs assistance in terminal to/from gate, needs wheelchair or similar when passengers are boarded/deplaned by walking over ramp. Does not need assistance in a ramp bus, on passenger steps and in the aircraft cabin to/from seat, toilets and with meals.		
	<input type="checkbox"/> WCHS	Ambulant, but more severely handicapped in walking: Cannot use a ramp bus and needs assistance in boarding/deplaning (e.g. on passenger steps). Does not need assistance in the aircraft cabin to/from seat, toilets and with meals.		
	<input type="checkbox"/> WCHS/OWN	As above - accompanied by own wheelchair. Add BD if battery-driven wheelchair		
	<input type="checkbox"/> WCHC	Non-ambulant: Needs also assistance in the aircraft to/from seat, toilets and possibly with meals (where necessary, give details in K below).		
	<input type="checkbox"/> WCHC/OWN	As above - accompanied by own wheelchair. Add BD if battery-driven wheelchair		
	<input type="checkbox"/> BED	Must travel on a STRETCHER		
G	At destination patient will be taken to a hospital			
	<input type="checkbox"/> no	<input type="checkbox"/> yes	Name and address of hospital	
<input type="checkbox"/> AMBULANCE	From airport to:			
H/K	<input type="checkbox"/> Oxygen occasional	Needs occasional oxygen during the flight		
	<input type="checkbox"/> Oxygen continuous	Needs continuous oxygen during the flight		
	Other ground and/or in-flight arrangements needed and/or arrangements made by attending physician			
L	<input type="checkbox"/> FREMEC issued by Aegean Airlines		Valid until	
	Date	Name of physician	Signature of physician	
<p>I herewith relieve the physician, whom I shall choose to make a statement on my medical condition, of his/her professional discretion to the extend that he/she shall be permitted to disclose to Aegean Airlines such details on the condition of my health as may be required by the Medical Advisors - Gamma Air medical to judge upon my medical fitness to travel by air.</p> <p>The undersigned will indemnify and release Aegean Airlines, their representatives and agents from all claims for damage sustained in connection with deterioration of his/her illness as a result of the transportation by air. In the case of legal dispute the undersigned will have to prove that any such damage incurred by Aegean Airlines, or third parties through the transportation.</p> <p>The undersigned also declares to be informed that Aegean Airlines is not obligated in any way to accept him/her for any subsequent or return journey. Otherwise, the conditions of carriage, in particular the rules of liability contained therein, will apply.</p>				
Date	Issuing Office	Signature of Passenger		
Space for official use of Aegean Airlines-----		-----Medical advice of Gamma Air Medical		
Date & Time of Reply	<input type="checkbox"/> by Telephone	<input type="checkbox"/> by Fax	<input type="checkbox"/> by E - mail	

Note for the attending physician:

The details requested herein will be treated confidentially; they shall enable the medical advisors of Aegean Airlines, as is their obligation, to judge by their air medical knowledge and experience if and under what conditions the patient can be permitted to travel by aircraft as requested. These details will also help the medical advisors in issuing appropriate instructions for the patient's care that duly consider his/her diagnosis and the special circumstances of the requested air journey.

Kindly answer all questions by cross or in block letters, as necessary.

MEDA 01	Name of passenger	Sex	Age
MEDA 02	Name, address of attending physician	Tel.	
MEDA 03	Medical Data: Diagnosis (details including vital signs)		
	Day/Month/Year of first symptoms	Date of diagnosis	
MEDA 04	Prognosis for the air-trip		
MEDA 05	Contagious and communicable disease? (specify)	<input type="checkbox"/> yes	<input type="checkbox"/> no
MEDA 06	NIL		
MEDA 07	Can patient use normal aircraft seat with seatback placed in the upright position?	<input type="checkbox"/> yes	<input type="checkbox"/> no
MEDA 08	Can patient take care of his own needs on board unassisted (including meals, visit to toilet, etc). If not, state type of help needed.	<input type="checkbox"/> yes	<input type="checkbox"/> no
MEDA 09	Shall passenger be escorted ? If yes, state type of escort proposed by you.	<input type="checkbox"/> yes	<input type="checkbox"/> no
MEDA 10	Does patient need oxygen during flight? Rate of flow: <input type="checkbox"/> 2Lt/min <input type="checkbox"/> 4Lt/mim <input type="checkbox"/> continuous <input type="checkbox"/> occasional	<input type="checkbox"/> yes	<input type="checkbox"/> no
MEDA 11	Does the patient need any medication, other than self administered, and/or the use of special apparatus such as respirator, aspirator, incubator etc?		
MEDA 12	On the ground while at the airport	<input type="checkbox"/> yes	<input type="checkbox"/> no
	On board the aircraft	<input type="checkbox"/> yes	<input type="checkbox"/> no
MEDA 13	Does patient need hospitalisation? (If yes indicate arrangements made or, if none were made state " No action taken ")		
	On the ground while at the airport	<input type="checkbox"/> yes	<input type="checkbox"/> no
MEDA 14	On board the aircraft	<input type="checkbox"/> yes	<input type="checkbox"/> no
MEDA 15	Other remarks or information in the interest of you patient's smooth and comfortable transportation. (specify if any)	<input type="checkbox"/> none	
MEDA 16	Other arrangements made by the attending physician		
Date	Place	Signature of attending physician	
Space for official use of Aegean Airlines-----		Medical advice of Gamma Air Medical	
Date & Time of Reply	<input type="checkbox"/> by Telephone	<input type="checkbox"/> by Fax	<input type="checkbox"/> by E - mail