

Medical Information Sheet

Part 2 / to be completed by attending physician

This form is intended to provide confidential information, to enable the airlines' medical department to assess the fitness of the passenger to travel as indicated in Part 1. If the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passengers 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 answers. Use **BLOCK LETTERS** or typewriter when completing this form in English or German.

Please return the completed form to

Address of issuing
Austrian Group Airline office

Airlines
Ref. Code

| | | | | |
|---------|---|---|--|--|
| MEDA 01 | Patient | | | |
| | Name | Initials | Sex | Age |
| MEDA 02 | Attending physician | | | |
| | Name | Phone (business) | Phone (home) | |
| | Address | | | |
| MEDA 03 | Medical data Diagnosis in details (including vital signs) | | First symptoms | |
| | | | day (DD) | mon (MM) year (YYYY) |
| | | | Date of diagnosis | |
| | | | day (DD) | mon (MM) year (YYYY) |
| MEDA 04 | Prognosis for the trip | | | |
| MEDA 05 | Contagious <u>and</u> communicable disease? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Specify | |
| MEDA 06 | Can patient use normal aircraft seat with seatback placed in <u>upright</u> position when so required? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| MEDA 07 | Can patient take care of his own needs on board <u>unassisted</u> ¹⁾ (including meals, visit to toilet, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of help needed | |
| MEDA 08 | If to be <u>escorted</u> , is the arrangement proposed in Part 1/E hereof satisfactory for you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type of escort proposed by you | |
| MEDA 09 | Does patient need <u>oxygen</u> ²⁾ equipment in-flight? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Litres per minute | Continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| MEDA 10 | Does patient need any <u>medication</u> , ³⁾ other than self-administered, | a) on the <u>ground</u> while at the airport(s) | <input type="checkbox"/> No <input type="checkbox"/> Yes | Specify |
| MEDA 11 | and/or the use of special apparatus such as respirator, incubator, etc. ³⁾ ? | b) on board at the <u>aircraft</u> | <input type="checkbox"/> No <input type="checkbox"/> Yes | Specify |
| MEDA 12 | Does patient need <u>hospitalisation</u> ? If yes, indicate arrangements made or, if none were made, indicate | a) during long layover or <u>nightstop</u> at <u>connecting points</u> en route | <input type="checkbox"/> No <input type="checkbox"/> Yes | Action |
| MEDA 13 | »NO ACTION TAKEN«. | b) upon arrival at <u>destination</u> | <input type="checkbox"/> No <input type="checkbox"/> Yes | Action |
| MEDA 14 | Other remarks or information in the interest of the smooth and comfortable transportation of your patient | | | |
| MEDA 15 | Other arrangements made by the attending physician | | | |

¹⁾ 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 injections, or to give medication.

²⁾ Important: Fees, if any, relevant to the provision of the above information and for special equipment provided by the carrier, are to be paid by the passenger concerned.

Place

Date

Signature of attending physician

AUA 000A