

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 as indicated in PART1 overleaf if the passenger is acceptable, this information will permit the issuance of the necessary directives designed to provide for the passenger' 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) COMPLETION OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.

A Patient's name, Initial(s) (Sex, Age)			
B Attending physician (Name and address, Telephone contact : Business, Home)			
C Medical data Diagnosis in details (Including vital signs)			
	<table border="1" style="width: 100%;"> <tr> <th style="width: 60%;">First Symptoms (Day/Month/Year)</th> <th style="width: 40%;">Date of diagnosis (Day/Month/Year)</th> </tr> </table>	First Symptoms (Day/Month/Year)	Date of diagnosis (Day/Month/Year)
First Symptoms (Day/Month/Year)	Date of diagnosis (Day/Month/Year)		
D PROGNOSIS for the trip	<input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor		
E Possibility of inflight medical emergency			
F Contagious AND communicable disease?	<input type="checkbox"/> NO <input type="checkbox"/> YES (Specify)		
G Is patient in any way OFFENSIVE to other passengers? (smell, appearance, conduct)	<input type="checkbox"/> NO <input type="checkbox"/> YES (Specify)		
H Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required?	<input type="checkbox"/> NO <input type="checkbox"/> YES		
I Can patient take care of his own needs on board UNASSISTED*? (including meals, Visit to toilet, etc)	<input type="checkbox"/> NO (If "NO", SPECIFY what kind of help do you need in detail.) <input type="checkbox"/> YES		
J If to be ESCORTED, is the arrangement Proposed in PART 1 /E overleaf satisfactory for you?	<input type="checkbox"/> NO (If "NO", patient needs to be escorted by MEDICAL PERSONNEL? <input type="checkbox"/> Doctor, <input type="checkbox"/> Nurse) <input type="checkbox"/> YES		
K Does patient need OXYGEN equipment in flight? (We can supply only GENERAL MASK, FOR ADULT)	<input type="checkbox"/> NO <input type="checkbox"/> YES (Flow Rate <input type="checkbox"/> 2L/min, <input type="checkbox"/> 4L/min, Continuous? <input type="checkbox"/> YES, <input type="checkbox"/> NO)		
L Does patient need any MEDICATION* other than self-administered, and/or the use of special apparatus such as respirator, incubator etc.** (* There is no electric outlet for special apparatus in the cabin. Special apparatus should be prepared with non-spillable battery)	L1 On the GROUND while at the airport(s)		
	L2 On board the AIRCRAFT		
M Does patient need HOSPITALISATION? (if yes, indicate arrangements made or, if none were made indicate "NO ACTION TAKEN")	M1 During long layover or night stop at CONNECTING POINTS en route		
	M2 Upon arrival at DESTINATION		
N Other remarks or information in the interest of your patient's safe and comfortable transportation.	<input type="checkbox"/> NONE <input type="checkbox"/> Specify if any**		
O Other arrangements made by the attending physician.			

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 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