



INFORMATION SHEET FOR PASSENGERS REQUIRING MEDICAL CLEARANCE

Answer all questions. Put a cross (X) in 'NO' 'YES' boxes.

PART 1

To be completed by passenger (or representative)

A	PASSENGER'S NAME: _____	MALE/FEMALE															
	Email: _____	Telephone: _____															
B	INTENDED ITINERARY _____ (flight number, date _____ and BOOKING REFERENCE) _____																
C	NATURE OF INCAPACITATION: _____																
D	INTENDED ESCORT (Dr/Nurse) OR TRAVEL COMPANION (specify): _____																
E	WHEELCHAIR NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/> Wheelchair Weight/Dimensions <input type="text"/>																
	Categories are: <input type="text"/>	<table border="1"><thead><tr><th>Own Wheelchair?</th><th>Collapsible?</th><th>Power Driven?</th><th>Battery Type (spillable)</th><th>Weight Of Chair</th></tr></thead><tbody><tr><td>NO <input type="checkbox"/></td><td>NO <input type="checkbox"/></td><td>NO <input type="checkbox"/></td><td>NO <input type="checkbox"/></td><td>_____</td></tr><tr><td>YES <input type="checkbox"/></td><td>YES <input type="checkbox"/></td><td>YES <input type="checkbox"/></td><td>YES <input type="checkbox"/></td><td>_____</td></tr></tbody></table>	Own Wheelchair?	Collapsible?	Power Driven?	Battery Type (spillable)	Weight Of Chair	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>	_____	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	_____
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YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	_____													
F	SPECIFIC IN-FLIGHT ARRANGEMENTS: e.g. oxygen, seating, meals _____																
G	MEDICAL EQUIPMENT: Are you taking any medical equipment into the cabin? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, do you need to use your equipment during your flight? NO <input type="checkbox"/> YES <input type="checkbox"/> Please specify type of equipment e.g. Portable Oxygen Concentrator, Nebuliser, CPAP Device, Ventilator etc. _____ Equipment Make and Model: _____ Equipment must be battery powered for continuous use inflight Is the equipment battery powered? NO <input type="checkbox"/> YES <input type="checkbox"/> Battery Type (including watt-hour rating) _____ Can the equipment be switched off during takeoff/landing? NO <input type="checkbox"/> YES <input type="checkbox"/> Do you have sufficient batteries for duration of flight? NO <input type="checkbox"/> YES <input type="checkbox"/> (in-seat power cannot be guaranteed)																
H	Ambulance transfers required? NO <input type="checkbox"/> YES <input type="checkbox"/> From aircraft? <input type="checkbox"/> Please specify name and telephone number of ambulance booked at all airports: _____ _____																
I	HOSPITALISATION Have you been admitted to hospital within last four weeks? NO <input type="checkbox"/> YES <input type="checkbox"/> Date of admission: _____ Date of discharge: _____ Reason for admission: _____ IS HOSPITALISATION REQUIRED UPON ARRIVAL? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, please specify name of hospital and contact _____																

DATA PROTECTION

The personal and medical details you provide will be used by British Airways to handle your request for medical clearance and to arrange the necessary travel assistance. British Airways Plc is the 'data controller' of your personal information under European Union and UK data protection law. In order to assess and manage your request it may be necessary for British Airways to disclose information relating to your health to third parties such as medical professionals, airport staff, the Civil Aviation Authority and border control. In cases where you request mobility assistance we will need to provide your information to the relevant airport operator.

British Airways will retain the information for a period of 13 months after which it will be destroyed.

If you have any questions about the way we use your information, please contact us by writing to: Data Protection Officer, British Airways Plc, Waterside (HCB3), PO Box 365, Harmondsworth UB7 0GB, England or alternatively, refer to our online Private Policy at www.ba.com.

Passenger's declaration

I hereby authorise _____
(name of nominated physician)
to provide the required medical information and I agree to pay any associated fees

Date:

Passenger's signature
(or representative)

PART 2	MEDIF (Medical Information Sheet)	CONFIDENTIAL
Return this form to British Airways plc Passenger Medical Clearance Unit Health Services (HMAG)Waterside PO Box 365, Harmondsworth UB7 0GB	This form is intended to provide confidential information to enable the airlines medical department to provide for the passenger's specific needs. To be completed by attending physician <ul style="list-style-type: none"> When fitness to travel is in doubt as evidenced by recent illness, hospitalisation, injury, surgery or instability Where special services are required i.e. oxygen, authority to carry accompanying medical equipment ENSURE ALL QUESTIONS ARE ANSWERED	British Airways Health Services Tel. +44 (0) 208 738 5444 Fax: +44 (0) 208 738 9644 Email: pmcu.pmcu@ba.com
MEDA 01	Patient's name:	Age:
MEDA 02	Treating Doctor: Name and Address: _____ _____ Contact Tel: _____ Email: _____	
MEDA 03	Medical Information (diagnosis in detail; include vital signs, Hb level)	
	Date of symptoms:	Date of diagnosis:
		Date of surgery:
MEDA 04	Is condition: Resolved <input type="checkbox"/> Stable and controlled <input type="checkbox"/> <u>Or</u> following surgery: Uncomplicated recovery? <input type="checkbox"/> Hb level (fractured hip/pelvis) ____	
MEDA 05	Prognosis for the flight: (e.g. good/fair/poor)	
MEDA 06	Contagious and communicable disease? NO <input type="checkbox"/> YES <input type="checkbox"/>	
MEDA 07	Can patient use normal aircraft seat with seat placed in the upright position as required? (including take-off and landing in Business or First Class cabins) NO <input type="checkbox"/> YES <input type="checkbox"/> Can patient bend leg at the knee? NO <input type="checkbox"/> YES <input type="checkbox"/>	
MEDA 08	Can patient take care of their own needs on-board unassisted (including meals, visit to toilet etc)? NO <input type="checkbox"/> YES <input type="checkbox"/>	
MEDA 09	Does patient need supplementary oxygen in-flight ? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, specify flow rate 2L/m or 4L/m Flow rate: 2L/m <input type="checkbox"/> 4L/m <input type="checkbox"/> (Guidance: supplementary oxygen is not generally required unless dyspnoeic after walking 50 metres) Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> <u>Oxygen is no longer supplied on short-haul aircraft (flying time of 6hours or less)</u> On some of our longhaul aircraft (B747) oxygen is available at a flow rate of 4L/m <u>only</u> . Is an oxygen flow rate of 4L/m acceptable? NO <input type="checkbox"/> YES <input type="checkbox"/> Can patient tolerate pulsed oxygen? NO <input type="checkbox"/> YES <input type="checkbox"/> Does patient prefer to use their POC inflight? NO <input type="checkbox"/> YES <input type="checkbox"/> Ground Oxygen: British Airways <u>do not</u> provide airport oxygen. If oxygen is needed whilst transiting through the airport, patients must make their own arrangements. Is ground oxygen required? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, what arrangements has patient made to provide this e.g. POC? _____	
MEDA 10	Other remarks or information in the interest of your patient's smooth and comfortable transportation?	
Date:	Place:	Signed: