



STANDARD MEDICAL INFORMATION FOR AIR TRAVEL (MEDIF)

HANDLING ADVICE INCAPACITATED/INVALID PASSENGER (WHO NEEDS MEDICAL CLEARANCE)

TO BE COMPLETED BY ATTENDING PHYSICIAN (SEE NEXT PAGE FOR INSTRUCTION)

THIS FORMS INTENDED TO PROVIDE CONFIDENTIAL INFORMATION, TO ENABLE THE ELAL PHYSICIANS TO ASSESS THE FITNESS OF THE PASSENGER TO TRAVEL BY AIR

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.

(Enter a cross in the appropriate "Yes" "No" boxes)

RESERVATION NUMBER (PNR):

MEDA A	Patient name: _____	Sex: _____	Age: _____	Tel: _____
MEDA B	Routing Flight no. LY _____	Class _____	Date _____	From _____ To _____
	Flight no. LY _____	Class _____	Date _____	From _____ To _____
MEDA 02	Name, address ATTENDING PHYSICIAN _____	Tel. Business: _____	Tel. Home: _____	
MEDA 02 X	I am prepared, at my own risk, to bear any consequences which carriage by air may have for my state of health and I release the carrier, its employees servants and agents from any liability for such consequences.			
MEDA 03	MEDICAL DATA: Diagnosis (details including vital signs) _____		Day/month/year of first symptoms _____ date of diagnosis/operation _____	
MEDA 04	PROGNOSIS for the trip _____			
MEDA 05	CONTAGIOUS and communicable disease passengers? _____			NO <input type="checkbox"/> YES <input type="checkbox"/>
MEDA 06	Is passenger OFFENSIVE to other passengers? _____			NO <input type="checkbox"/> YES <input type="checkbox"/>
MEDA 07	Can patient use normal aircraft seat with seatback placed in the UPRIGHT position? _____			NO <input type="checkbox"/> YES <input type="checkbox"/>
MEDA 08	Can patient take care of his own needs on board UNASSISTED (Including meals, visit toilet, etc)? If not type of help needed. _____			NO <input type="checkbox"/> YES <input type="checkbox"/>
MEDA 08x	Required assistance (see over leaf for explanation) _____		WCHR <input type="checkbox"/>	WCHS <input type="checkbox"/> WCHS/OWN <input type="checkbox"/>
	WCHC <input type="checkbox"/>	WCHC/OWN <input type="checkbox"/>	WCOB <input type="checkbox"/>	STRETCHER <input type="checkbox"/> INCUBATOR <input type="checkbox"/>
MEDA 09	Shall passenger be ESCORTED? _____			
	If yes, type of escort proposed by you: physician, other qualified person, _____ or travel companion (name & qualification) _____			NO <input type="checkbox"/> YES <input type="checkbox"/>
MEDA 10	Does patient need OXYGEN during flight? _____			NO <input type="checkbox"/> YES <input type="checkbox"/>
	Rate of flow: 2 or 4 Liter/min _____		Intermittent <input type="checkbox"/> Continuous <input type="checkbox"/>	
MEDA 11	Does patient need MEDICATION, other that self administrated, and/or the use of special Apparatus such as respirator, incubator, etc. On ground while at the airport. Specify _____			NO <input type="checkbox"/> YES <input type="checkbox"/>
MEDA 12	On board the aircraft. Specify _____			
MEDA 13	Does patient need HOSPITALIZATION upon arrival at DESTINATION? _____ (please indicate if any arrangements made) _____			NO <input type="checkbox"/> YES <input type="checkbox"/>
MEDA 14	During long layover or night stop AT CONNECTION POINTS enroute Action _____			NO <input type="checkbox"/> YES <input type="checkbox"/>
MEDA 15	Other remarks or information in the interest of your patient's smooth and comfortable transportation specify if any _____ None <input type="checkbox"/>			
MEDA 16	Having read the guiding principles on the reverse side of this sheet, it is my opinion that this patient is medically fit to undertake the above journey by air. _____			
חתימה הרופא	Date _____	Place _____	Attending Physicians Signature _____	
MEDA 17	Comments by ELAL physician: Acceptable _____ Not Acceptable _____			
	ELAL PHYSICIAN'S NAME _____	Signature _____	Place _____	Date _____
	if Advice given by phone, received by: _____		Signature _____	Date _____