



# MEDIF-Medical Information For Fitness to Travel or Special Assistance.

All sections must be completed clearly. See MEDIF Part 3 for Guidance. Use Block letters or a typewriter when completing this form. Yes/No boxes should be completed with a cross in the relevant box.

**PART-1**  
To be completed by Sales Office /Agent

Note: The MEDIF must be completed, at least 4 working days before travel is due to commence.

## Passengers travelling with any one of the following conditions will be requested to prepare a Medical Information Form (MEDIF) and submit it when making a reservation.

- Passengers whose medical condition requires oxygen supply, or needs stretcher, medical escort and / or medical treatment on board the flight.
- Carriage and use of medical equipment or instruments,
- Passengers whose fitness for air travel is in doubt, as evidenced by recent instability, disease, treatment or surgery,
- Passengers who come under any one of the categories listed as usually unacceptable to travel on MEDIF part 3, and passenger with other serious or unstable sickness/injuries.

### 1. Passenger Details:

1.1 Family Name, Initials	1.2 Age	1.3 Title	1.4 Languages spoken	1.5 Contact Telephone No.
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### 2. Itinerary:

Date	Flight No.	From	To	Class	Status	Date	Flight No.	From	To	Class	Status

Booking Ref. Number:.....

### 3. Nature of Incapacitation/ Illness

### 4. Intended Escort Details:

### 5. Stretcher needed?

	Name:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Age:	(All stretcher Cases must be escorted)
	Languages spoken:	<b>Incubator Needed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	Medical Qualification: If unqualified, state "travel Companion".	
	Type?	

### 6. Wheelchair Needed?

Yes    
 Can climb steps and can walk in Cabin (WCHR)    
 Unable to climb steps, Can walk cabin (WCHS)    
 No    
 Unable to climb steps Or walk in cabin (WCHC)    
 (Choose one)

Own Wheelchair?	Collapsible?	Power Driven?	Battery type Spillable?
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"/>

Note: Wheelchairs with spillable batteries are considered "dangerous Cargo"

### 7. Have ambulance arrangements been confirmed?

### 8. Has Hospital admission been confirmed at arrival port? Yes Not required

At Departure port?	Yes <input type="checkbox"/> Not required <input type="checkbox"/>
At Transit port?	Yes <input type="checkbox"/> Not required <input type="checkbox"/>
At Arrival port?	Yes <input type="checkbox"/> Not required <input type="checkbox"/>

Hospital details: (Full name, address, and telephone number)	Note: All ambulance and hospital arrangements must be arranged by the treating doctor/hospital. Clearance for travel cannot be given until bookings are confirmed.
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### 9. Are any special in-flight arrangements required?

### 10. Do you have a valid FREMEC card? Yes No

Special meals, special seating, extra seat(s), special equipment etc. Provision of special equipment such as oxygen etc. always requires completion of Part 2 overleaf

If yes, add below FREMEC data to your reservation requests .  
 If no, (or additional data needed by carrying airline(s)), have physician attendance complete Part 2 overleaf.

Number:	Issued by:	Valid Until:
Incapacitation		Limitation

### Passenger's declaration

I hereby authorize .....(name of nominated physician)  
 To complete Part 2 for the purpose as indicated overleaf and in consideration there of, I hereby relieve that physician of his/her professional duty of confidentiality in respect of such information and agree to meet such physician's fees in connection therewith.  
 I take note that if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the carrier(s) concerned and that the carrier(s) do not assume any special liability exceeding those conditions/tariffs. 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 liability for such consequences. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage.

Passenger or Agent's Signature I have read and understood MEDIF Part 3 Signed.....	Date:
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# MEDIF-Medical Information For Fitness to Travel or Special Assistance.

**PART- 2**  
To be completed  
by attending  
Physician

Note: The MEDIF must be completed, at least 4 working days before travel is due to commence.

This form is intended to provide confidential information to enable the airlines' medical department to aid in assessment of fitness for travel and to provide for the passenger's special needs. Please ensure information is accurate and current. All sections must be clearly filled using Block letters or a typewriter. Yes/ No boxes should be completed with a cross in the relevant box.

**Notes for completion:**

- Cardio-pulmonary cases as well as those requesting continuous oxygen, stretcher or incubator should **enclose a recent detailed medical report with the MEDIF request.** Failure to do so will delay the processing of the MEDIF (A report of a specialist or hospital referral would generally be sufficient)
- Physicians should refer to MEDIF Part-3 for guidance with specific medical conditions.
- Cabin attendants are not authorized to give special assistance (e.g. lifting) 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.
- Fees if any, relevant to the provision of the above information and carrier –provided special equipment (\*\*) are to be paid by the passengers concerned.

<b>MEDA 1</b>	PATIENT'S NAME, INITIAL(S);MR/MRS/MS/MSTR FAMILY NAME FIRST NAME	SEX	AGE
<b>MEDA 2</b>	ATTENDING PHYSICIAN	Physician Telephone No	Name of Hospital or Clinic & specialty
<b>MEDA 3</b>	MEDICAL DATA: DIAGNOSIS in detail (including vital signs)		Date of operation/ diagnosis
	Vitals	BP	TEMP
	PULSE	RESP	
	PRESENT STATUS		Day/month/year of first symptoms
<b>MEDA 4</b>	<b>PROGNOSIS for the flight(s):</b> Please consider the potential effects of the itinerary and physical stresses of flight on the patient's state of health and mention if Terminal case. Narratives required for guarded/ poor.  <b>GOOD</b> <input type="checkbox"/> <b>GUARDED</b> <input type="checkbox"/> <b>POOR</b> <input type="checkbox"/> <small>(no problems anticipated)    (potential problems)    (problems likely)</small>	Narrative (e.g. late stage disease, unstable)	
<b>MEDA 5</b>	<b>CONTAGIOUS AND COMMUNICABLE</b> disease?.....	No <input type="checkbox"/>	Yes <input type="checkbox"/> Specify:
<b>MEDA 6</b>	Would the physical and/ or mental condition of the patient be likely to cause <b>DISTRESS</b> or <b>DISCOMFORT</b> to other Passengers? .....	No <input type="checkbox"/>	Yes <input type="checkbox"/> Specify:
<b>MEDA 7</b>	Can patient use normal aircraft seat with seatback placed in the UPRIGHT POSITION when so required ?	No <input type="checkbox"/>	Yes <input type="checkbox"/> Specify:
	If "no", patient will need a stretcher on board? .....	No <input type="checkbox"/>	Yes <input type="checkbox"/> Specify:
<b>MEDA 8</b>	Can patient take care of his own needs on board UNASSISTED* *(Including meals, visit to toilet, etc.)? If not, specify type of help needed:	No <input type="checkbox"/>	Yes <input type="checkbox"/> Specify:
<b>MEDA 9</b>	If to be <b>ESCORTED</b> , is the arrangement satisfactory to you? If not, specify type of escort proposed by you:.....	No <input type="checkbox"/>	Yes <input type="checkbox"/> Specify:
<b>MEDA 10.a</b>	Does the patient need <b>SUPPLEMENTARY OXYGEN</b> **equipment in flight?.....	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	Guidance: patients who can walk 50 meters without dyspnoea generally do not require supplementary Oxygen. Etihad provide <b>FLOW RATE</b> of 2 or 4 liters per minute. Specify flow rate and if Oxygen is required continuously or intermittently. ....	2 <input type="checkbox"/>	4 <input type="checkbox"/>

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<p><b>MEDA 10.b</b></p>	<p>For Oxygen use for <b>STRETCHER</b> cases, two types of regulators are available</p> <p>1.Low output pressure for an adjustable constant flow rate through a humidifier to a facemask or other low-pressure medical equipment and</p> <p>2. High output pressure and a self-sealing valve outlet needed for high –pressure medical equipment.</p>	<p>Indicate which regulator (No other regulators can be used).</p> <p><input type="checkbox"/> Low Pressure regulator (1psi)</p> <p><input type="checkbox"/> High Pressure regulator (40-60 psi)</p>	
<p><b>MEDA11</b></p>	<p>Does patient need any <b>medication*</b> other than self-administered, and/or the use of special <b>equipment</b> such as <b>respirator, incubator, nebuliser</b> etc.?</p> <p>(note all equipment on board must be dry cell battery operated )</p>	<p>(a)on the GROUND while at the airport(s):</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:</p>
<p><b>MEDA 12</b></p>		<p>(b)on board of the AIRCRAFT:</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:</p>
<p><b>MEDA 13</b></p>	<p>Does patient need <b>Hospitalization?</b> (if Yes, indicate details of arrangements made)</p>	<p>(a)During layover or night stop at <b>connecting points</b> en route:</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Details:.....</p>
<p><b>MEDA 14</b></p>	<p>Note: the attending physician is responsible for all arrangements.</p>	<p>(b)upon arrival at <b>Destination:</b></p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Details:</p>
<p><b>MEDA 15</b></p>	<p>Other remarks or information in the interest of your patient's smooth and comfortable transportation (specify if any):</p>		
<p><b>MEDA 16</b></p>	<p>Other Arrangements made by the attending physician:</p>		
<p>I have Read and understood Part 3 of the MEDIF form ..... (Attending Physician's Signature)</p> <p>Attending Physician's Name:.....</p>		<p>Date:</p>	<p>Place:</p>

**Distribution:** 1: Etihad Airways Medical Centre Abu Dhabi 2: Captain EY Aircraft Carrying Passenger.  
3: Passenger 4: Station File at Departure Station.

**The Principal factors to be considered when assessing a patient's fitness for air travel are:**

- Reduced atmospheric pressure (Cabin air pressure changes greatly during 15-30 minutes after takeoff and before landing and gas expansion and contraction can cause pain and pressure effects)
- Reduction in oxygen tension. (The cabin is at a pressure equivalent to an altitude of 6,000 to 8,000 feet and oxygen partial pressure is approximately 20% less than on the ground).

**Conditions usually considered unacceptable for air travel** (Although these are suggested limiting factors, each individual case must be considered on its merits and is dependent on whether or not the passenger is accompanied by a professional escort).

- Anaemia of severe degree.
- Severe cases of Otitis Media and Sinusitis.
- Acute, Contagious or communicable disease.
- Those suffering from Congestive Cardiac Failure or other cyanotic conditions not fully controlled.
- Uncomplicated Myocardial Infarction within 2 weeks of onset, complicated MI within 6 weeks of onset.
- Those suffering from severe respiratory disease or recent pneumothorax.
- Those with GI lesions which may cause hematemesis, melaena or intestinal obstruction.
- Post operative cases:
  - a) Within 10 days of simple abdominal operations.
  - b) Within 21 days of chest or invasive eye surgery (not laser).
- Fractures of the Mandible with fixed wiring of the jaw (unless medically escorted)
- Unstable Mental illness without escort and suitable medication for the journey.
- Uncontrolled seizures unless medically escorted.
- Pregnancies beyond the end of the 35<sup>th</sup> week for journeys of >4 hours, and beyond 36<sup>th</sup> week for journeys <4 hours.
- Infants within 7 days of birth.
- Introduction of air to body cavities for diagnostic or therapeutic purposes within 7 days.

**Notes on other Specific items**

**Allergies:** Simple requests for a special meal do not require completion of this form. If your patient has a life threatening food allergy that may require treatment in-flight, particularly if they react to the presence of traces of food in the air, this form must be completed. Note: Etihad cannot provide peanut free meals.

**Asthma:** medication must be carried in *cabin baggage*. *Nebulisers require their own power source. Otherwise, we advise spacer devices with inhalers, which are usually as effective as nebulisers.*

**Fractures:** All new long bone fractures and leg casts (cast must be at least 48 hours old) require a MEDIF. Plasters should be split for fresh injuries (48 hours or less), which could swell inside the cast on a long flight. Extra legroom for leg elevation is not possible in economy class, however an aisle seat can be reserved, please state whether the injury is left or right.

**Lung or Heart Disease:** Cardiopulmonary disease which causes dyspnoea on walking more than 100m on the flat, or has required oxygen in hospital or at home (or in-flight previously) may require supplementary oxygen. The aircraft oxygen is for emergency use only. Serious **cardiopulmonary** cases as well as those requesting continuous oxygen, stretcher, incubator should **enclose a recent detailed medical report** with the MEDIF request. (A copy of a specialist or referral hospital would generally be sufficient).

**Physical Disabilities:** there is no need for this form if you simply require a wheelchair as far as the aircraft door; the travel agent can indicate this on the reservation. Note: Civil Aviation Rules require all passengers to be able to keep the aircraft seat with the seat back in the upright position when required

**Special Meals:** Special diets for religious or other medical reasons can be ordered direct from your travel agent without using this form. If you have a food allergy please see the section on "allergies" above.

**Terminal Illness:** Passengers in the advanced stages of terminal illness will normally require a medical or nursing escort.

**In-flight care:** Cabin Crew are trained in First Aid only, and are not expected to pay particular attention to patients to the detriment of service to other passengers. Additionally, they are not permitted to administer any injections or give medications. ETIHAD do not provide **nursing attendants** for invalid passengers.

**Escorts:** should ensure that they have all appropriate items for the proper care of their patient, and responsible for attending to all aspects of their patient's bodily needs. Cabin staff cannot be involved in this, as they also handle food.

**Processing MEDIFS**

- The MEDIF must be received, at the latest, 4 working days before travel is due to commence.
- The MEDIF should be completed based on passenger's (patient's) conditions within 15 days from the date of commencement of air travel. ETIHAD must be notified immediately of any change in the patient's condition **PRIOR** to travel.
- In the event of sudden change in the passenger's (patient's) condition **during the trip**, we will ask the passenger (patient) to obtain another medical information form to confirm the fitness to continue further air travel.