

# Medical Information Form (MEDIF)

Transport of medical patient by aircraft is the quickest and convenient way in most cases. Transport by aircraft has an comparative advantages in smoothness with less vibration and motion. However, passengers' (patients') state of health may deteriorate consequently from long flight time, high altitude and cabin environment of the flight. For this reason, not all passengers (medical patients) are suitable for air travel.

Aircraft fly at an altitude of 9,000~12,000 meters (30,000~40,000 feet) through the stratosphere at almost the speed of sound 900km per hour (560 miles per hour). At high altitude where the barometric pressure is much lower than on the ground, aircraft cabin is mechanically pressurized during the flight. The cabin air pressure during the cruise is maintained at equivalent to that of 1,500~2,100 meters (5,000~7,000 feet) height mountain top. However, cabin air pressure changes greatly during 15 ~30 minutes after takeoff and before landing.

## **Air pressure in the aircraft cabin:**

As air pressure becomes lower, internal gas in human body expands. The gas trapped in the body and which does not get discharged expands during the flight. This may put pressure on affected parts or internal organs, and may cause pain and/or breathing difficulty.

## **Oxygen concentration:**

Passengers (patients) having problem with respiratory organs, heart, cerebral blood vessel and serious anemia will be affected by decreasing oxygen concentration in the high altitude. Also women in the late stage of pregnancy and new born babies may be affected.

From above reasons, passenger (patient) traveling with any one of the following conditions ①~⑤ will be requested to prepare a Medical Information Form (MEDIF) and submit it when making a reservation. This information will enable the airline to assess the fitness of the passenger (patient) and to determine the acceptability to travel by aircraft.

- ① Passenger whose medical condition requires oxygen supply (inhalation), carriage and use of medical equipment and instruments and any medical treatment on board the flight.
- ② Passenger who needs a stretcher on board the aircraft.
- ③ Passenger with serious sickness or injuries.
- ④ Passenger who comes under any one of the categories 1 ~13 listed on the next page.
- ⑤ Passenger whose fitness for air travel is in doubt, as evidenced by recent instability, disease, treatment or surgery.

A Medical Information Form (MEDIF) be completed based on passenger's (patient's) condition within 14 days from the date of commencement of air travel. Further, condition of medical patient and passenger of the following categories may change suddenly and are considered variable. These medical patient and passenger is requested to have a fitness for air travel (prognosis) determined within 7 days from the date of commencement of air travel by the attending physician and complete this form.

- Medical transport of apatient with a serious sickness or injuries who need to be transported for further treatment and/or a surgery.
  - Passenger (patient) having problem with respiratory organs, heart, cerebral nerve or
  - Passenger (patient) with unstable mental illness.
  - Pregnant women whose confinement is expected within 28days.
- We will make an advance reservation and prepare for the travel (medical transport) even before receiving the completed Medical Information Form.
  - 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.
  - Please present the completed medical information form original at the time of check-in.

## **For passengers:**

Please fill out the third page "Necessary Arrangement Request" of this form. Then, read through the "Passenger's Declaration " and complete the form with your signature.

For attending physician:

Please fill out the fourth page "Medical Information Sheet" of this form. Please determine the fitness of the passenger (patient) for the proposed air travel by taking the whole itinerary and the potential affect on the passenger's (patient's) state of health into consideration. We would appreciate any comment about the passenger's (patient's) condition and suggestion for the proposed travel in the lower remarks space.

## Guidance for the physician

Persons who are suspected or suffering from cholera, dysentery, typhoid fever, paratyphoid fever, eruptive typhoid, smallpox, scarlet fever, diphtheria, epidemic meningoencephalitis, plague, Japanese encephalitis, active tuberculosis, Lassa fever or any other epidemic infections or any contagious diseases are not accepted for air travel.

Persons under following conditions are generally considered unfit for air travel. However, if the medical condition or the state of health of the person is considered stable and the attending physician certifies the person fit for air travel with the prognosis and escorted by a physician, person may be accepted for air travel after airline assessment, thus please consult with our reservations.

1. Person who has critical cardiac diseases, such as severe cardiac failure, Eisenmenger's syndrome, unstable angina pectoris, acute myocardial infarction, those who had an attack within the past 6 weeks or uncontrolled severe arrhythmia, or who is in unstable condition after cardiac surgery including catheter intervention.
2. Person with deep vein thrombosis or pulmonary artery embolism which hasn't been treated yet.
3. Person who has severe respiratory failure, severe chronic obstructive pulmonary disease, severe bronchial asthma, or pneumothorax; whose lungs are not fully inflated.
4. Person who had stroke within the past 4 weeks, or a person with cephalic lesions resulting in increased intracranial pressure, or uncontrolled cramped seizure, or a person who has residual air in his/her central nervous system.
5. Person with severe anemia or sickle cell anemia.
6. Person who has gastro-intestinal disease with possible risk of bleeding, vomiting of blood, such as the acute phase of gastric or duodenal ulcer, or ileus, or who has his/her colon tested on that day, or who had an operation for colon polypectomy within the 7 days.
7. Person who is in the acute phase of ear, nose or throat disease, or postoperative condition of otitis media, or who has severe sinusitis, severe motion sickness, or a difficulty in opening his/her mouth.
8. Person who has not completely recovered from surgery of head, chest or abdomen within 2 weeks for the wounds to close, or who has residual air or other gases in his/her body after operation.
9. Person with an unstable mental illness.
10. Person who is in the acute phase of decompression sickness.
11. Newborn baby within the first 7 days after birth.
12. Pregnant woman whose confinement may be expected in less than 28 days.  
Escort by a physician is not required if the attending physician certifies the fitness for air travel. However, escort by a physician will become required if traveling by aircraft within 14 days of the expected confinement on international flights and within 7 days of the expected confinement on domestic flights.
13. Person who has infectious diseases of Type 4 with a possible risk to transmit from person to person in flight (Epidemic cerebrospinal meningitis, congenital rubella syndrome) and who is prohibited from attending school by Japanese law (influenza, whooping cough, measles, Mumps, rubella, Chickenpox, Pharyngoconjunctival fever, Epidemic keratoconjunctivitis, Acute hemorrhagic conjunctivitis) except a person who did not have an attack for a period to be prohibited from attending school and/or has a medical certificate to be permitted to travel by air.  
In case that passenger who has Mumps, Rubella, or Chickenpox, medical certificate is not required if he/she did not have an attack within the past 11 days.

Table of the period that a person is prohibited from attending school by Japanese law.

Influenza	2 days after his /her temperature has dropped
Whooping cough	until the characteristic cough is suppressed
Measles	3 days after his /her temperature has dropped
Mumps	until the swelling disappears
Rubella	until the eruption disappears
Chickenpox	until all eruption become scabs
Pharyngoconjunctival fever	2 days after the main symptom disappears
Epidemic keratoconjunctivitis	Until getting doctor's confirmation that there is no risk to transmit the disease from person to person
Acute hemorrhagic conjunctivitis	Until getting doctor's confirmation that there is no risk to transmit the disease from person to person

For medical transport case, please consult with JAL reservations.

# Necessary Arrangement Request

Fill out and completed by passenger.

PROPOSED ITINERARY: Note Transfer from one flight to another often requires LONGER connecting time.	Flight number	class	date	from	to
1. WHEELCHAIR SERVICE NEEDED AT THE AIRPORT? No <input type="checkbox"/>					
Yes <input type="checkbox"/> --> Categories: <ul style="list-style-type: none"> <li><input type="checkbox"/> Can ascend/descend steps, but requires wheelchair for distance. (WCHR)</li> <li><input type="checkbox"/> Can not ascend/descend steps, but able to make own way in the cabin. (WCHS)</li> <li><input type="checkbox"/> Completely immobile and requires assistance to/from cabin seat. (WCHC)</li> </ul>					
2. TRAVELING WITH YOUR OWN WHEELCHAIR?					
No <input type="checkbox"/>					
Manual power Collapsible(WCMP) <input type="checkbox"/>					
Yes <input type="checkbox"/>					
Power driven <input type="checkbox"/>					
Check in at the counter <input type="checkbox"/> Wish to use it to the boarding gate, where possible. <input type="checkbox"/> *It may not be possible to use it the boarding gate at some airports and depending on the situation.(weather condition etc.,)					
Spillable wet cell battery driven wheelchair (WCBW) <input type="checkbox"/> Sealed Type (WCBW/Non Spillable) <input type="checkbox"/> Other <input type="checkbox"/> Non spillable, battery driven wheelchair (WCBD) <input type="checkbox"/>					
About the power driven wheelchairs: *Power driven wheelchairs with spillable batteries are "dangerous goods" and are permitted on passenger aircraft only under certain conditions, which can be obtained from the airline(s). *Number of power driven wheelchairs acceptable for a flight is limited by cargo compartment capacity. *Power driven wheelchair takes time for loading, thus passenger is requested to check it in at check-in counter.					
3. WHEELCHAIR SERVICE NEEDED IN CABIN? (WCOB)      No <input type="checkbox"/> Yes <input type="checkbox"/>					
4. STRETCHER NEEDED ON BOARD?      No <input type="checkbox"/> Yes <input type="checkbox"/> (Escort and Medical Form required.)					
5. WILL YOU BE USING AMBULANCE?					
To departure airport:		No <input type="checkbox"/>	company name, telephone contact:		
		Yes <input type="checkbox"/>	to:		
From arrival airport:		No <input type="checkbox"/>	company name, telephone contact:		
		Yes <input type="checkbox"/>	to:		
6. ESCORT Person who can not take care of his/her own needs on board unassisted should be accompanied by escort(s) (meals and visit to toilets.)					
		<u>name</u>	<u>age</u>	<u>sex</u>	
(1)				<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other ( _____ )	
(2)				<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other ( _____ )	
(3)				<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Other ( _____ )	

PASSENGER'S DECLARATION "I HEREBY AUTHORIZE ..... <div style="text-align: center; font-size: small;">(Name of nominated physician)</div> to provide the airlines with the information required by those airlines' medical departments for the purpose of determining my fitness for carriage by air 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 concerned and that the carrier does not assume any special liability exceeding those conditions/tariffs. I agree to reimburse the carrier upon demand for any special expenditures or costs in connection with my carriage." (Where needed, to be read by/to the passenger, dated and signed by him/her or on his/her behalf.)		
Place:	Date:	Passenger's Signature:

NOTE:  
(for KI/KD staff)

Completed original form shall be attached to the ticket cover.  
 Prepare necessary number of copies for each flight(s) and also attach to the ticket cover. Departure airport KI/KD staff shall receive a copy, confirm condition and all arrangements and deliver the copy to duty senior cabin attendant.  
 Duty senior cabin attendant shall deliver the copy to arrival airport KI/KD staff for filing.

# MEDICAL INFORMATION FORM (MEDIF)

To be completed  
by  
ATTENDING PHYSICIAN

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).  
COMPLETING OF THE FORM IN BLOCK LETTERS OR BY TYPEWRITER WILL BE APPRECIATED.

This form is intended to provide CONFIDENTIAL information to enable the airlines' MEDICAL Departments to assess the fitness of the passenger to travel. 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.

NOTE(\*): 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.

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.

<b>MEDA1</b>	PATIENT'S NAME, INITIAL(S), SEX, AGE:	AGE	SEX
<b>MEDA2</b>	ATTENDING PHYSICIAN • Name: • Name of Hospital or clinic & speciality: • Telephone Contact Business:	Address:  Home:	
<b>MEDA3</b>	MEDICAL DATA: • DIAGNOSIS in details (including vital signs)		
	• Day/month/year of first symptoms:	Date of operation	Date of diagnosis
<b>MEDA4</b>	• PROGNOSIS for the flight(s): (Please consider the itinerary and its potential affect on the patient's state of health.) Fit <input type="checkbox"/> Not Fit <input type="checkbox"/>		
<b>MEDA5</b>	• Contagious AND communicable disease?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
<b>MEDA6</b>	• Would the physical and/or mental condition of the patient be likely to cause distress or discomfort to other passengers?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
<b>MEDA7</b>	• Can patient use normal aircraft seat with seatback placed in the UPRIGHT position when so required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If "no", patient will need a stretcher on board. (Request for rate.)
<b>MEDA8</b>	• Can patient take care of his own needs on board UNASSISTED" (including meals, visit to toilet, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, type of help needed:
<b>MEDA9</b>	• If to be ESCORTED, is the arrangement satisfactory to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, type of escort proposed by YOU:
<b>MEDA10</b>	• Does patient need OXYGEN** equipment in flight? (If yes, state rate of flow) JAL medical oxygen bottle's rate of flow is adjustable between 2~8 litres per minute.	No <input type="checkbox"/> Yes <input type="checkbox"/>	Litres per Minute <input type="text"/> Continuous? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>MEDA11</b>	• Does patient need any MEDICATION*, other than self-administered, and/or the use of special apparatus such as respirator, incubator, etc.**?	(a) on the GROUND while at the airport(s): No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
<b>MEDA12</b>	Does the medical equipment need electrical supply?	(b) on board of the AIRCRAFT: No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:
<b>MEDA12</b>	*To prevent interference to the flight operation, all electronic apparatus specification must be verified by the airline for use on board.		
<b>MEDA13</b>	• Does patient need HOSPITALISATION? (If yes, indicate arrangements made or, if none were made, indicate "NO ACTION TAKEN")	(a) during long layover or nightstop at CONNECTING POINTS en route: No <input type="checkbox"/> Yes <input type="checkbox"/>	Action:
<b>MEDA14</b>		(b) upon arrival at DESTINATION: No <input type="checkbox"/> Yes <input type="checkbox"/>	Action:
<b>MEDA15</b>	• Other remarks or information in the interest of your patient's smooth and comfortable transportation:	None <input type="checkbox"/>	Specify if any**:
<b>MEDA16</b>	• Other arrangements made by the attending physician:		

We would appreciate any general comment about the patient's condition and suggestion for the proposed air travel.

Prognosis as above.

Date: \_\_\_\_\_ ATTENDING PHYSICIAN: \_\_\_\_\_ Attending Physician's Signature: \_\_\_\_\_