



**MEDICAL INFORMATION SHEET**  
**Resolution 700 (MEDIF) Attachment B**

**Confidential**

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. 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**<sup>1</sup>. Enter a cross (x) in the appropriate 'yes' or 'no' boxes, and/or give precise concise answers.

The form must be returned to  
KLM Travel Clinic  
(For address: p.t.o.)

Airlines ref. code MEDA01	Patients name _____ Initials _____ <input type="checkbox"/> M <input type="checkbox"/> F Date of birth _____
MEDA02	<b>Attending physician</b> Name _____ Address _____ Telephone Business _____ Home _____
MEDA03	Medical data _____ Date of first symptoms _____ Diagnosis in details _____ Date of diagnosis _____ (including vital signs) _____ Date of operation _____
MEDA04	Prognosis for the flight(s) _____
MEDA05	Contagious and communicable disease <input type="checkbox"/> no <input type="checkbox"/> yes, specify _____
MEDA06	Would physical/mental condition patient likely cause distress/discomfort to other passenger(s) <input type="checkbox"/> no <input type="checkbox"/> yes, specify _____
NEDA07	Can patient use normal aircraft seat with seatback placed in the <b>upright</b> position <input type="checkbox"/> no <input type="checkbox"/> yes
MEDA08	Can patient take care of his own needs on board <b>unassisted</b> <sup>2</sup> (including meals, visit to toilet, etc.) <input type="checkbox"/> no <input type="checkbox"/> yes If not, type of help needed _____
MEDA09	If to be <b>escorted</b> , is the arrangement satisfactory for you <input type="checkbox"/> no <input type="checkbox"/> yes type of escort _____ If not, proposed by you _____
MEDA10	Does patient need <b>oxygen</b> <sup>3</sup> equipment in flight <input type="checkbox"/> no <input type="checkbox"/> yes, Litres per minute _____ ltr. Continuous <input type="checkbox"/> no <input type="checkbox"/> yes
MEDA11	Does patient need only <b>medication</b> <sup>2</sup> other than self administered, and/or the use of special apparatus such as respirator, incubator, etc. a. <b>on the ground</b> while at the airport(s) <input type="checkbox"/> no <input type="checkbox"/> yes if yes, specify _____
MEDA12	b. <b>on board of the aircraft</b> <input type="checkbox"/> no <input type="checkbox"/> yes if yes, specify _____
MEDA13	Does patient need <b>hospitalisation</b> (if yes, indicate arrangements made, or if none were made, indicate 'no action taken') during long layover or nightstop a. <b>at connection points</b> en route <input type="checkbox"/> no <input type="checkbox"/> yes if yes, action _____
MEDA14	b. <b>upon arrival at destination</b> <input type="checkbox"/> no <input type="checkbox"/> yes if yes, action _____
MEDA15	Other remarks or information in the interest of your patient's smooth and comfortable transportation <input type="checkbox"/> none <input type="checkbox"/> yes, specify <sup>2</sup> _____
MEDA16	Other arrangements made by the attending physician _____

<b>1</b>	<b>Important notes:</b> Fees, if any, relevant to the provision of this information are to be paid by the passenger concerned.	Date _____
<b>2</b>	Cabin attendants are <b>not</b> authorized to give special assistance to particular passengers (e.g. lifting). Additionally, they are trained only in <b>first aid</b> and are <b>not permitted</b> to administer any injection, or to give medication.	Place _____
<b>3</b>	Fees for carrier-provided special equipment are to be paid by the passenger concerned.	Physician signature _____

<b>Passenger's declaration</b> I hereby authorize (doctor's name) _____ 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 thereof 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).	Date _____  Passenger signature _____
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