



MEDICAL INFORMATION – MEDIF CARD

To be completed by ATTENDING PHYSICIAN			
This form is intended to provide CONFIDENTIAL information to enable the airlines' MEDICAL Department 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 passengers' welfare and comfort. 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). PLEASE COMPLETE THIS FORM IN BLOCK LETTERS			
THIS FORM MUST BE RETURNED TO THE HEAD OF MEDICAL AND OCCUPATIONAL HEALTH			
KQ MEDA01	PATIENT'S NAME;	AGE;	SEX
MEDA02	RELEVANT MEDICAL HISTORY _____ _____ _____ _____		
	Current HAEMOGLOBIN level; _____ Date Checked; _____		
	DETAILED DIAGNOSIS _____ CURRENT CLINICAL STATUS _____ _____ _____		
MEDA03	RECENT SURGICAL HISTORY	DIAGNOSIS / REASON FOR SURGERY	
		DATE SURGERY DONE	
MEDA04	PROGNOSIS under reduced atmospheric and oxygen pressure at flight altitude		
MEDA05	Any contagious or communicable disease	No;	Yes, Specify;
MEDA06	Would the physical and/or mental condition of patient cause distress or discomfort to other passengers?	No;	Yes, Specify;
MEDA07	Can the patient use the normal aircraft seat with seat back placed upright position when so required	No, Specify;	Yes;

MEDA08	Can patient take care of his own needs on board UNASSISTED* (Including meals, visit to toilet, etc)?	No;	Yes;
	If not, indicate the kind of help needed.		
MEDA09	According to your evaluation, does the passenger need an escort?	Yes;	Medical Escort
		No;	Non-Medical Escort
MEDA010	Does the patient need OXYGEN?	Yes;	Standby oxygen
	No;	Continuous flow oxygen	
	Does the patient need medical equipment in flight	Yes;	If Continuous, what is the rate in litres/minute _____
		No;	
	Type of equipment	Powered	Battery powered?
		Manual	Electrical power source? DC / AC
			Voltage of _____ Volts

MEDA011	Does patient need any MEDICATION during the flight? YES NO If yes, indicate type of medicine and instructions. 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
MEDA012	a) Does patient need hospitalization during long layover night stop at CONNECTING POINTS en route? NO__ YES__ Have any arrangement been made for that? Yes ____ No____ b) Any arrangement made for an ambulance to pick up the passenger? Yes ____ No____
MEDA013	Please indicate any other information necessary for the patient's smooth and comfortable flight. _____ _____ _____
MEDA014	Other arrangements made by the attending physician:
<p>NOTE: Cabin attendants are NOT authorized to give extraneous services (e.g. lifting) to particular passengers, to the detriment of service to other passengers. Additionally, they are trained only in FIRST AID and are NOT PERMITTED to administer or give any medication.</p>	
<p>IMPORTANT: Any fees that is payable in respect of the provision of the above information and any special equipment provided by the airline is payable by the passenger concerned.</p>	
Name of Doctor _____ Address _____ Tel _____ GSMTel. _____ The name of hospital / Practice _____ Telephone Number _____ Official Stamp _____	

PASSENGERS DECLARATION

"I Mr, Mrs, Ms. Dr. Prof. _____ do hereby authorize Dr. _____ to provide the information required by Kenya Airways Medical Division for the purpose of determining my fitness for air travel and in consideration thereof, I hereby relieve the above named doctor of his/her professional duty of confidentiality in respect of such information, and agree to meet his/her fee for the service so given.

I take note that, if accepted for carriage, my journey will be subject to the general conditions of carriage/tariffs of the Kenya airways and that the airline 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"

Name of passenger_/ guardian _____
Address _____ Tel _____ GSMTel. _____
Passport number _____ Signature _____
Attending Doctor Signature. _____ Official Stamp _____