

	<p>INFORMATION SHEET FOR PASSENGERS REQUIRING MEDICAL CLEARANCE Answer all questions. Put a cross (X) in 'NO' 'YES' boxes.</p>	<p>PART 1 To be completed by passenger (or representative)</p>					
A	NAME: _____	MALE/FEMALE					
	CONTACT: Email _____	Telephone: _____					
B	PROPOSED ITINERARY _____ (flight number, date _____ or booking reference) _____						
C	NATURE OF INCAPACITATION :						
D	INTENDED ESCORT (Dr/Nurse) OR TRAVEL COMPANION (specify):						
E	WHEELCHAIR NEEDED? No <input type="checkbox"/> Yes <input type="checkbox"/> Wheelchair category <input type="text"/> <table border="1" data-bbox="706 630 1442 745"> <tr> <td data-bbox="706 630 857 745"> Own Wheelchair? NO <input type="checkbox"/> YES <input type="checkbox"/> </td> <td data-bbox="857 630 1008 745"> Collapsible ? NO <input type="checkbox"/> YES <input type="checkbox"/> </td> <td data-bbox="1008 630 1159 745"> Power Driven? NO <input type="checkbox"/> YES <input type="checkbox"/> </td> <td data-bbox="1159 630 1310 745"> Battery Type (spillable) NO <input type="checkbox"/> YES <input type="checkbox"/> </td> <td data-bbox="1310 630 1442 745"> Weight _____ </td> </tr> </table> <p>Categories are: WCHR – can climb steps/walk cabin WCHS – unable steps/can walk cabin WCHC – immobile</p>		Own Wheelchair? NO <input type="checkbox"/> YES <input type="checkbox"/>	Collapsible ? NO <input type="checkbox"/> YES <input type="checkbox"/>	Power Driven? NO <input type="checkbox"/> YES <input type="checkbox"/>	Battery Type (spillable) NO <input type="checkbox"/> YES <input type="checkbox"/>	Weight _____
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F	SPECIAL IN-FLIGHT ARRANGEMENTS: e.g. oxygen, seating, meals _____						
G	MEDICAL EQUIPMENT: Are you carrying any medical equipment into the cabin? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, do you need to use during your flight? NO <input type="checkbox"/> YES <input type="checkbox"/> Please specify type of equipment (make/model): _____ e.g. CPAP, ventilator, nebuliser, portable oxygen concentrator, etc. Equipment must be battery powered for continuous use inflight Is the equipment battery powered? NO <input type="checkbox"/> YES <input type="checkbox"/> Battery Type _____ Can the equipment be switched off during takeoff/landing? NO <input type="checkbox"/> YES <input type="checkbox"/> Do you have sufficient batteries for duration of flight? NO <input type="checkbox"/> YES <input type="checkbox"/> (inseat power cannot be guaranteed)						
H	Ambulance transfers required? NO <input type="checkbox"/> YES <input type="checkbox"/> Please specify name of ambulance booked at all airports: _____ _____						
I	HOSPITALISATION Have you been admitted to hospital within last 4 weeks? NO <input type="checkbox"/> YES <input type="checkbox"/> Date of admission: _____ Date of discharge: _____ IS HOSPITALISATION REQUIRED UPON ARRIVAL? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, please specify name of hospital and contact _____						
<p>Passenger's declaration</p> <p>I hereby authorise _____ (name of nominated physician) to provide the required medical information and I agree to pay any associated fees</p>							
Date:	Passenger's signature (or representative)						

PART 2	MEDIF (Medical Information Sheet)	CONFIDENTIAL
<p>Return this form to TUS Airways Ground Ops Department .</p> <p>23 Artemidos Ave. 6025 Larnaca Cyprus or via E-mail.</p>	<p>This form is intended to provide confidential information to enable the airlines medical department to provide for the passenger's specific needs. To be completed by attending physician</p> <ul style="list-style-type: none"> • When fitness to travel is in doubt as evidenced by recent illness, hospitalisation, injury, surgery or instability • Where special services are required i.e. oxygen, authority to carry accompanying medical equipment <p>ENSURE <u>ALL</u> QUESTIONS ARE ANSWERED</p>	<p>TUS Airways Ground Ops Tel:+35 724200300 Email:groundops@tusairways.com</p>
MEDA 01	Patient's name:	Age
MEDA 02	<p>Treating Doctor: Name and Address: _____</p> <p>_____</p> <p>Contact Tel: _____ Email: _____</p>	
MEDA 03	<p>Medical Information (diagnosis in detail; include vital signs, Hb level)</p>	
	Date of symptoms:	Date of diagnosis:
MEDA 04	<p>Is condition: Resolved <input type="checkbox"/> Stable and controlled <input type="checkbox"/> Following surgery: Uncomplicated recovery? <input type="checkbox"/> Hb level (fractured hip/pelvis) _____</p>	
MEDA 05	<p>Prognosis for the flight: (e.g. good/fair/poor)</p>	
MEDA 06	<p>Contagious and communicable disease? NO <input type="checkbox"/> YES <input type="checkbox"/></p>	
MEDA 07	<p>Can patient use normal aircraft seat with seat placed in the upright position as required? NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>Can patient bend leg at the knee? NO <input type="checkbox"/> YES <input type="checkbox"/></p>	
MEDA 08	<p>Can patient take care of their own needs onboard unassisted (including meals, visit to toilet etc)? NO <input type="checkbox"/> YES <input type="checkbox"/></p>	
MEDA 09	<p>Does patient need supplementary oxygen in-flight ? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, specify flow rate 2L/m or 4L/m (Guidance: supplementary oxygen is not generally required unless dyspnoeic after walking 50 metres) Flow rate: 2L/m <input type="checkbox"/> 4L/m <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/></p> <p>Ground Oxygen: TUS AIRWAYS <u>do not</u> provide airport oxygen. If oxygen is needed whilst transiting through the airport, patients must make their own arrangements.</p> <p>Is ground oxygen required? NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>If yes, what arrangements has patient made to provide this e.g. POC? _____</p>	
MEDA 10	<p>Other remarks or information in the interest of your patient's smooth and comfortable transportation?</p>	
Date:	Place:	Signed: